## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 21, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # G50301 H. GORMAN, P.A.	=			Secretary of State
Principal Plac	The same of the sa	Mailing Address	Angeles and the second	Secretary and the second of th	The second of th
1320 SOUTH	and the second s	1320 SOUTH DIXIE HWY	And the second second		- Carlotte C
CORAL GABL	ES, FL 33146 _ US	CORAL GABLES, FL 33146	US		
	O NOT WRITE	IN THIS SPA	CE	04062005 No Chg-	P CR2E034 (10/03)  Applied For
]			~-	4. FEI Number 59-2311511	Not Applicable
<u>.</u>				5. Certificate of Status Desi	red   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				, <u></u>	V <del>a. 44</del> ,
GORMAN, LENARD H. 13700 SW 103RD AVE. MIAMI, FL 33176			DO NOT WRITE IN THIS SPACE		
the obligat	lions of registered agent.	or the purpose of changing its registe	red office or register	ed agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and fille if applicable. (NOTE Register	ed Agent signature required	when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	F 12. 7 14		and the second of the second o
NAME STREET ADDRESS CITY-ST-ZIP	PDTS GORMAN, LENARD H 13700 SW 103RD AVE MIAMI, FL 00000,			HĀTI	เกิดกลวรเลดต
TITLE NAME STREET ADDRESS CITY-ST-ZIP			F F = ₹ 5.4%	04/21/	000321005 05-80061-010 150.00

**IN THIS SPACE** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental appendix true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or further employees of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a register of the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a register of the information indicated on this report of supplemental provides the information indicated on this report or supplemental provides the information indicated on this report or supplemental provides the information indicated on this report or supplemental provides the information indicated on this report or supplemental provides the information indicated on this report or supplemental provides the information indicated on this report or supplemental provides the information indicated on this report or supplemental provides the information indicated on the information indicated on this report or supplemental provides the information indicated on the information indicated on this report or supplemental provides the information indicated on the information indica

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

> LEWHOH GALMIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE