2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

DOCUMENT # H46158 1. Entity Name			472	Jan 31, 2005 08:00 AM Secretary of State
MAID FO	R YOU OF BOCA RATON, I	NC.		# / · · · · · · · · · · · · · · · · · ·
Principal Plac	e of Business	Mailing Address	and the State of t	Control of the second s
7301 W PALMETTO PARK RD. 4756 S CLASSICA		4756 S CLASSICAL E	BLVD.	
		DELRAY BEACH FL:	33445	
BOCA RATE	JN FL 33433	es ·	. =/-	T TREATM WAS RETTER WHICH FROM BUILD AND BEING STREET WARM BURN BURN BURN BURN BURN BURN BURN BURN
2 Principal P	Place of Business	` 3. Mailing Address	· / · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business		b. Walling Flacious		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	HERE LANGE LANGER LANGE	1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-2497582 Applied For
7in	Country	Zip	Country	Not Applicat Section at State Parised Section 1
Zip	Country	216	Country	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
· · · · · · · · · · · · · · · · · · ·		THE PERSON NAMED IN COLUMN	- Name	A STATE OF THE STA
O'NEILL, SHERRY 4756 S CLASSICAL BLVD. DELRAY BEACH FL 33445			Street Address	s (P.O. Box Number is Not Acceptable)
DEL	INAT BEACH FL 33445			
			City	FL Zip Code
	named entity submits this statement to tions of registered agent.	or the purpose of changing (ts registered office of regist	eled agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE.		The second secon	JIE Regisie/ed Agent signature region	DATE
	Signature, typod or printed name of registered agent	and life 4 approache (NC	THE Hegistered Agent signature require	ea when remarking)
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	Delete	III.	☐ Change ☐ Add;;;
NAME	O'NEILL, SHERRY		NAME	
STREET ADDRESS	6060 AMBERWOODS DR.		SERFEE ADDRESS	
CITY ST ZIP	BOCA RATON FL		CHY ST-7IP	
111(E		☐ Delete	TITLE	☐ Change ☐ Add:
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CITY ST ZIP			Criv-SI-7IP .	A SHE SECTION AND ADDRESS OF THE SECTION ADDRESS OF
	carrifushes the information supplied wit	h this filing Those not qualify	for the exemption stated in	Section 1907(3)(1), Florida Statutes. I further certify that the information

indicated on this report or subplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other tike empowered. 561

SIGNATURE: