## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53758

City-St-Zip:

HIGHLAND BEACH, FL 33487

## FILED May 03, 2005 Secretary of State

<b>Entity Nan</b>	1e: POSNER 8	SONS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
18851 NE 29TH AVE 7TH FL MIAMI, FL 33180 US			18851 NE 29TH AVE 7 SUITE 700 MIAMI, FL 33180 U	7TH FL IS	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
18851 NE 29TH AVE 7TH FL #204			700		
MIAMI, FL	33180 US		MIAMI, FL 33180 U	IS	
FEI Number:	59-2527947	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
POSNER, GARY D. 18851 NE 29TH AVE 7TH FL AVENTURA, FL 33180 US			SUITE 700	18851 NÉ 29TH AVE 7TH FL	
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: GARY D. POSNER				05/03/2005	
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () E POSNER, GARY 21205 NE 37TH A AVENTURA, FL	AVE #906	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP ()[ POSNER, EILEE 21205 NE 37TH AVENTURA, FL	AVE #906	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ()[ POSNER, MATT 2710 TREASURE FORT LAUDERD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DT ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GARY D. POSNER **PRES** 05/03/2005