

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90375 001 \*\*\*900.00

66013600



01102005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2552841

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, PAUL	
STREET ADDRESS	123 N.W. 13TH STREET #300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PETERSON, PATRICIA	
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 500-N	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOTLER, RANDY	
STREET ADDRESS	4000 HOLLYWOOD BLVD, SUITE 500-N	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MCADEN, TOMMY	
STREET ADDRESS	4000 HOLLYWOOD BLVD STE 500N	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, VP and Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Keller	
STREET ADDRESS	4000 Hollywood Blvd, Suite 500N	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio B. Mon	
STREET ADDRESS	4000 Hollywood Blvd, Suite 500N	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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 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 in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia M. Petersen, Secretary, 4/25/05 (954) 364-4032