## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 21, 2005 08:00 AM **Secretary of State** DOCUMENT # H69289 1. Fotity Name MARC WIENER R.A., P.A. Principal Place of Business Mailing Address 33 SE 4TH STREET 33 SE 4TH STREET 101 BOCA RATON, FL 33432 \_US BOCA RATON, FL 33432 US No Chg-P CR2E034 (10/03) 01142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2580064 Not Applicable \$8.75 Additional And the second s 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIENER, MARC DO NOT WRITE 1111 SW 19TH ST. BOCA RATON, FL. IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DP 01/24/05-80060-019 150.00 WIENER, MARC NAME 1111 SW 19TH ST. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL NAME A CONTRACTOR OF THE STATE OF TH STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS State of the State CITY-ST-ZIP TITLE भूकत अन्तर **मण** अस्त्रीत वर्ष NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Marc Wiener, President

1/19/05

561-750-4111

Date

Daytime Phone #

FILED