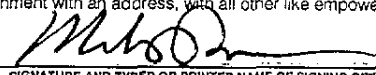


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J33946 1. Entity Name MEL PRAGER, INC.			
Principal Place of Business 4367 N FEDERAL HWY FORT LAUDERDALE, FL 33308 US		Mailing Address 4367 N FEDERAL HWY FORT LAUDERDALE, FL 33308 US	
DO NOT WRITE IN THIS SPACE			
		01132005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2739974	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PRAGER, MELVIN 4367 N FED HWY, STE 202 FORT LAUDERDALE, FL 33308		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) 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		DO NOT WRITE IN THIS SPACE 1100000191571 01/24/05-80179-001 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRAGER, MELVIN 4367 N. FEDERAL HWY. FORT LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PRAGER, SHEILA 4367 N. FEDERAL HWY. FT. LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MELVIN PRAGER		Date 1/19/05	Daytime Phone # 954-938-0099