## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 8:00 am Secretary of State

DOCUI  1. Entity Nam  GARDNE				03-21-2005	5 90077 01	8 ***150	).00		
Principal Place of Business 9351 SW 56 ST MIAMI, FL 33165 US		Mailing Address C/O LAWRENCE M. PLOUCHA 1946-TYLER STREET HOLLYWOOD, FL 33022-2088-US		40035384					
2. Principal Place of Business		3. Mailing Address 1-Financial Plaza 140							
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  100 SE Third Ave.  City & State		_	03102005 4. FEI Number	Chg-P	CR2E0	34 (10/03)	plied For
		Ff. Landerdale		FL	59-275			No	t Applicable
Zip	Country	33394	Jountry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current I	Name		7. Name and	Address of New	Registered A	\gent		
PLOUCHA ATKINSON 1946 TYLE HOLLYWO	·	ddress (F	CO. Box Numb Resadi	ex is Not Acceptal	Su;te	140	<b>6</b>		
			°¥+.	La	uder	dale	FL	Zin Cod	394
<ol> <li>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.</li> </ol>									
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND		11,		ADDITIONS	CHANGES TO O	FFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JOSEPH T. 12374 SW 82ND AVE MIAMI, FL 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, MAURICE D. 12374 SW 56TH STREET MIAMI, FL	☐ Dekte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ADAMS, ELIZABETH G. 12374 SW 56TH STREET MIAMI, FL 33165	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		<u> </u>	#F ## 14	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, LOUISE G 12374 SW 56TH STREET MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4</b> .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition

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 with an address, with all other like empowered.

SIGNATURE:

AND AND PRESTOR BOTHER NAME OF STANDAR OFFICE OR PRESTOR

3/10/05

305.667.9003

Daytime Phone #