
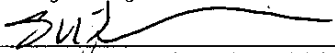



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90089 049 \*\*\*150.00

<b>DOCUMENT # K13654</b>											
<b>1. Entity Name</b> <b>PESETSKY &amp; ZACK, P.A.</b>											
<b>Principal Place of Business</b> 17701 BISCAYNE LVD STE 200 AVENTURA, FL 33160			<b>Mailing Address</b> 17701 BISCAYNE LVD STE 200 AVENTURA, FL 33160								
<b>2. Principal Place of Business</b> 1031 North Miami Beach Blvd.		<b>3. Mailing Address</b> 1031 N. Miami Bch Blvd.									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
<b>City &amp; State</b> North Miami Beach, FL		<b>City &amp; State</b> North Miami Beach, FL		<b>4. FEI Number</b> 65-0093929							
<b>Zip</b> 33162		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03282005    Chg-P    CR2E034 (10/03)							
<b>6. Name and Address of Current Registered Agent</b>  PESETSKY, WALTER S. 17701 BISCAYNE BLVD STE 200 MIAMI, FL 33160			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>Name</b> Elliott Noel Zack</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b> 1031 N. Miami Beach Blvd.</td> </tr> <tr> <td style="padding: 2px;"><b>City</b> N. Miami Beach</td> <td style="padding: 2px;"><b>Zip Code</b> FL 33162</td> </tr> </table>			<b>Name</b> Elliott Noel Zack		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1031 N. Miami Beach Blvd.		<b>City</b> N. Miami Beach	<b>Zip Code</b> FL 33162
<b>Name</b> Elliott Noel Zack											
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1031 N. Miami Beach Blvd.											
<b>City</b> N. Miami Beach	<b>Zip Code</b> FL 33162										
<b>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.</b>											
<b>SIGNATURE</b> 		<b>ELLIOTT NOEL ZACK</b>		<b>4/12/05</b>							
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>								
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	PESETSKY, WALTER S.		NAME								
STREET ADDRESS	17701 BISCAYNE BLVD STE 200		STREET ADDRESS								
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP								
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	ZACK, ELLIOT N.		NAME	Elliott N. Zack							
STREET ADDRESS	17701 BISCAYNE BLVD STE 200		STREET ADDRESS	1031 N. Miami Beach Blvd.							
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	N. Miami Beach, FL 33162							
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
<b>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.</b>											
<b>SIGNATURE:</b> 		<b>ELLIOTT NOEL ZACK</b>		<b>4/12/05</b>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #							