2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 08:00 AM Secretary of State

Secretary of State DOCUMENT # K30399 1. Entry tame VOF CO. Priction fisc of Business 360 NW 37 COURT MMM, FL 33142 US MMM, FL 33142 US MMM, FL 33142 US DODZ2005 No Chy-P Ch2e04 (10'05) 4. FEI Number 55-0131017 5. Confected of Octors Desired 5. Name axid Address of Current Registered Agent FEL DMAN, LLY MMM, FL 33142 6. The above numeric centry submitted this studenter's for the purpose of changing the options of the complete of the complete of options of the complete of options of the complete of the complete of options of the complete of the complete of options of the complete of options of the complete of the complet		AITITUAL	KEPOKI		. 50	oratory of State
3000 N.W. 37 COURT MIAM, FL 33142 US Applied For FS Applied FS	1. Entity Name				56	ciciary of State
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4. FEI Number 65-0131017						
6. Name and Address of Current Registered Agent FELDMAN, LILY 3600 N.W. 37 COURT MIAMI, FL 33142 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Roride, if an familiar with, and accept the designations of registered agent, and submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Roride, if an familiar with, and accept the designations of registered agent, and the statement of registered agent, or both, in the State of Roride, if an familiar with, and accept the designations of registered agent, and the statement of registered agent, or both, in the State of Roride, if an familiar with, and accept the designation of registered agent, or both, in the State of Roride, if an familiar with, and accept the designation of registered agent, or both, in the State of Roride, if an familiar with, and accept the designation of registered agent, or both, in the State of Roride, if an familiar with, and accept the designation of registered agent, or both, in the State of Roride, if an familiar with, and accept the designation of registered agent, or both, in the State of Roride, if an familiar with, and acceptance agent, and acceptance agent a						
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3600 N.W. 37 COURT MAMI, FL 33142 a. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 FELDMAN, LTD. OFFICERS AND DIRECTORS Trus Fund Contribution. DEFICERS AND DIRECTORS FELDMAN, LTD. FELDMAN, CHARLES STRET ARGRESS STRET ARGRESS STRET ARGRESS OUT: 51-2P ITILE NAME STRET ARGRESS FRIER, SHARON STRET ARGRESS OUT: 51-2P ITILE NAME STRET ARGRESS OUT: 51-2P ITILE NAME STRET ARGRESS OUT: 51-2P ITILE NAME STRET ARGRESS OUT: 51-2P TITLE NAME STR	,	6. Name and Address of Current Re	gistered Agent	يا ياهج	5. Certificate of Status Desired	Fee Required
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ITILE 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)(7). Florida Statutes. I further cartify that the information inclicated 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: Lily Leleuwass.	TITLE			-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: SIGNATURE:						
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