


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90553 014 ***150.00

DOCUMENT # K39982		
1. Entity Name OFF - ROAD, INC.		

Principal Place of Business C/O HOWARD W. GORDON 100 SE 2ND ST, 17TH FL MIAMI, FL 33131 US	Mailing Address C/O HOWARD W. GORDON 100 SE 2ND ST, 17TH FLOOR MIAMI, FL 33131 US
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40055737



2. Principal Place of Business 1395 BRICKELL AVE		3. Mailing Address 1395 BRICKELL AVE.	
Suite, Apt. #, etc. 14th Floor		Suite, Apt. #, etc. 14th Floor	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33131-3302	Country U.S.	Zip 33131-3302	Country U.S.

04042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0078759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent GORDON, HOWARD W. 100 SE 2ND ST 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name (AS BEFORE) Street Address (P.O. Box Number is Not Acceptable) 1395 BRICKELL AVE, 14th Floor City MIAMI FL 33131-3302	
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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 **HOWARD GORDON, ESQ.** **APRIL 14, 2005**
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SHAKED, HAIM (DR.) 1581 BRICKELL AVENUE, #901 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dr. HAIM SHAKED** **APRIL 14, 2005** **(305) 720-5144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #