## 2005 FOR PROFIT CORPORATION

## Apr 01, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # K40875** 04-01-2005 90015 022 \*\*\*150.00 1. Entity Name WAYNE HORWITZ, C.P.A., P.A. Mailing Address Principal Place of Business 20011010 C/O MICHAEL W. MOSKOWITZ C/O MICHAEL W. MOSKOWITZ 800 CORPORATE DR., SUITE 510 3511 W. COMMERCIAL BLVD., SUITE 402 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33334 2. Principal Place of Business 3. Mailing Address 800 Corporate Drive 800 Corporate Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 CR2E034 (10/03) Chg-P Suite 310 Suite 310 4. FEI Number City & State City & State . Applied For 65-0079851 Not Applicable Fort Lauderdale, Florida <u>Fort Lauderdale, Florida</u> Country \$8.75 Additional 5. Certificate of Status Desired 33334 33334 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSKOWITZ, MICHAEL W. Street Address (P.O. Box Number is Not Acceptable) 800 CORPORATE DR. **SUITE 510** FT. LAUDERDALE, FL 33334 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST TITLE ☐ Delete TITLE X Change ☐ Addition HORWITZ, WAYNE NAME NAME 800 Corporate Drive, Suite 310 STREET ADDRESS 3511 W COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP Fort Lauderdale, FL 33334 VPAS TITLE Delete 20 Change Addition BILE HORWITZ ROBERTA NAME NAME STREET ADDRESS 3511 W. COMMERCIAL BLVD. STREET ADDRESS 800 Corporate Drive, Suite 310 CITY-ST-ZIP FORT LAUDERDALE, FL CITY-ST-ZIP Fort Lauderdale, FL 33334 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

CSY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05

**FILED** 

954-771-7011

Daytime Phone #