

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90497 028 \*\*\*158.75

**DOCUMENT # K47949**

1. Entity Name  
 1280 BUILDING CORP.



Principal Place of Business  
 1 NORTH UNIVERSITY DR.  
 BUILDING A 4TH FLOOR  
 PLANTATION, FL 33324

Mailing Address  
 1 NORTH UNIVERSITY DR.  
 BUILDING A 4TH FLOOR  
 PLANTATION, FL 33324

**20053773**



04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0104323</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPORELLA, NICK A 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPORELLA, VINCE 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANT, ED 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAWFORD, LINDA 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BODEN, DAVID J 1 NORTH UNIVERSITY DR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* *Asst. Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/05*  
Date Daytime Phone #