

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90117 003 *2,698.75
03-29-2005 90117 004 ***476.25

66007880



01062005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0086476** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD NW #222
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete
NAME HERRICK, NORTON
STREET ADDRESS 2295 CORP BLV NW #222
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VPAS ☐ Delete
NAME HERRICK, HOWARD
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE VPAS ☐ Delete
NAME HERRICK, MICHAEL
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE C ☐ Delete
NAME KERMALLI, NISAR
STREET ADDRESS 2 RIDGEDALE AVE STE 370
CITY-ST-ZIP CEDAR KNOLLS, NJ 07927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Evan Herrick
CITY-ST-ZIP 2 Ridgedale Ave. Ste. 370
CEDAR KNOLLS, NJ 07927

TITLE ☐ Change ☐ Addition
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)(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 empowerment.

SIGNATURE: Nisar Kermalli 3/24/05 Date Daytime Phone #