


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 20, 2005 08:00 AM**  
**Secretary of State**

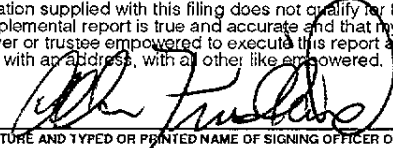
DOCUMENT # K69624							
1. Entity Name CILL-Z CORP.							
Principal Place of Business POST OFFICE BOX 402723 MIAMI BEACH FL 33140			Mailing Address POST OFFICE BOX 402723 MIAMI BEACH FL 33140				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>65-0103043</b> <span style="float: right;">Applied For Not Applicable</span>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>FRIEDLAND, ALLAN</b> <b>4270 N. MICHIGAN AVE.</b> <b>MIAMI BEACH FL 33140</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FRIEDLAND, ALLAN	NAME					
STREET ADDRESS	4270 N. MICHIGAN AVENUE	STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP					
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FRIEDLAND, PRISCILLA	NAME					
STREET ADDRESS	4270 N. MICHIGAN AVENUE	STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					



1st MOORE CR2E034 (10/04)

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 06/20/05-80001-006 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

Date: 6/14/05 305-538-9661  
 Daytime Phone #