## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

## FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # L17588  1. Entity Name SUSAN L. GORDON, INCORPORATED					·	
9000 SW 87 CT. 90 STE, 108 ST MIAMI, FL 33176 MI		Mailing Address 9000 SW 87 CT, STE, 108 MIAMI, FL 33176		 	LA FINITE LATIN BLOCK BANK REFINI	8.1838
DO NOT WRITE IN THIS SPA			CE	D3252005 No Chg-P CR2E034 (10/03)  4. FEI Number		
6. Name and Address of Current Registered Agent  CARSTEN, LAWRENCE A. 10689 N KENDALL DR., #321  MIAMI, FL 33176  8. The above named entity submits this statement for the purpose of changing its registere			DO NOT WRITE IN THIS SPACE			
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if spolicable. (NOTE. Registered Agent signature required.)				when reinstating)  DATE  UDUDOCSD7515		
After May 1, 2005 Fee will be \$550.00		Trust Fund Contribution.		.00 May Be 04/15 ed to Fees	/05-80055-(	024 150.00
10.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P GORDON, SUSAN L. 6420 SW 102ND ST MIAMI, FL ST	TOHS			·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GORDON, DARREN K 1125 ASTURIA AVENUE CORAL GABLES, FL 33134			DO NOT	· WRITE	
TITLE NAME		· · · · · · · · · · · · · · · · · · ·	-	IN THIS		•

<sup>12.</sup> I hereby certify that the information supplied with this filling 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 acceptate 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 receipter 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