

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L25396

1. Entity Name
UPDATERS, INC.



Principal Place of Business
**%CHARLOTTE SIMON
2451 BRICKELL AVE., STE. 10-G
MIAMI, FL 33129**

Mailing Address
**%CHARLOTTE SIMON
2451 BRICKELL AVE., STE. 10-G
MIAMI, FL 33129**



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0176548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, CHARLOTTE
2451 BRICKELL AVENUE
SUITE 10-G
MIAMI, FL 33129**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
000000314956

**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**

04/19/05-80014-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SIMON, CHARLOTTE B. 2451 BRICKELL AVE., 10-G MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SIMON, ANDREW G 12615 MOORE'S MILL ROAD HUNTERSVILLE, NC 28078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EASTHAM, KATHI S 9300 SW 104TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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: Charlotte B. Simon, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: April 11, 2005 305-856-4157
Daytime Phone #