


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-02-2005 90069 003 \*\*\*150.00

<b>DOCUMENT # L31865</b> 1. Entity Name <b>FOURTEEN TWENTY CO.</b>	
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Principal Place of Business <b>17720 NORTH BAY ROAD #12B N. MIAMI BEACH, FL 33160 US</b>	Mailing Address <b>17720 NORTH BAY ROAD STE 12B N. MIAMI BEACH, FL 33160 US</b>
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02262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0186651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CHAPLIK, YULY 1840 JEFFERSON AVE. #301 MIAMI BEACH FL, FL 33139</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPLIK, YULY 17720 N. BAY ROAD, #12B N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIK, IGOR 17720 N. BAY ROAD, #12B N. MIAMI BEACH, FL
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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:**

*Yuly Chaplik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/05*

Date

Daytime Phone #