

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90059 010 \*\*\*150.00

**DOCUMENT # L42765**

1. Entity Name

**SPEAK OUT, INC.**



Principal Place of Business

~~1541 SUNSET DRIVE~~  
~~SUITE 201~~  
~~CORAL GABLES FL 33143-5777~~

Mailing Address

~~1541 SUNSET DRIVE~~  
~~SUITE 201~~  
~~CORAL GABLES FL 33143-5777~~

**40018391**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**10401 SW 82 Court**  
Suite, Apt. #, etc.

3. Mailing Address

**10401 SW 82 Court**  
Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0165801**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FREEDMAN, ANNE B**  
~~1541 SUNSET DRIVE~~  
~~SUITE 201~~  
~~CORAL GABLES FL 33143-5777~~

7. Name and Address of New Registered Agent

Name  
Street **ANNE B. FREEDMAN**  
**10401 SW 82 Court**  
City **Miami, FL 33156-3548**  
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this state or from a non-family member, familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward A. Fischer* VP **EDWARD A. FISCHER VP**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**2/7/05**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>FREEDMAN, ANNE B</b>	
STREET ADDRESS	<b>1541 SUNSET DRIVE, SUITE 201</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143-5777</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>FISCHER, EDWARD A</b>	
STREET ADDRESS	<b>1541 SUNSET DRIVE, SUITE 201</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143-5777</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANNE B. FREEDMAN</b>	
STREET ADDRESS	<b>10401 SW 82 Court</b>	
CITY-ST-ZIP	<b>Miami, FL 33156-3548</b>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Edward A. Fischer</b>	
STREET ADDRESS	<b>10401 SW 82 Court</b>	
CITY-ST-ZIP	<b>Miami, FL 33156-3548</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Edward A. Fischer* VP **EDWARD A. FISCHER** **2/7/05** **305-273-6640**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #