2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM DOCUMENT # L50180 Secretary of State 1. Entity Name SUDAR CO. Principal Place of Business Mailing Address ROSE NEEDLEMAN 9819 LEMONWOOD WAY BOYNTON BEACH FL 33437 ROSE NEEDLEMAN 9819 LEMONWOOD WAY BOYNTON BEACH FL 33437 US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0175050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEEDLEMAN, ROSE Street Address (P.O. Box Number is Not Acceptable) 9819 LEMONWOOD WAY **BOYNTON BCH FL 33437** City 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. Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS D HILLE Delete Ti Ti 3 Addition NEEDLEMAN, ROSE MAME NAME 9819 LEMONWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33437 CITY-ST-7/P ☐ Delete THEF ☐ Addition NEEDLEMAN, DARLENE 9819 LEMONWOOD WAY STREET ADDRESS CUPEET ADDRESS CITY-ST-7(P **BOYNTON BEACH FL 33437** CHY-SI-ZIP IIILE 02/08/05-80077-LIMPO Addition Delete DOS-4500453-1009068796 DEPUSIT OHLY-150.00 02708/05-80077-001 UDS-4500453-1009000000 DEPOSIT OHLY 150.00 02/08/05-80077-001 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete DILLE Addition NAME NAME STRELT ADDRESS STREET ADDRESS 00\$_4500453-1009058796 DEPOSIT_0NLY_150-000 02/08/05--80077--001 CITY ST-ZIP CHY-ST-ZIP HILL ☐ Delete TITLE ☐ Addition NAME SERVET ANDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZP HHE Change Delete ш ☐ Addition NAME 1100000220<u>59</u>0 MANAG 02/08/05-80077-002 150.00 STREET ADDRESS CHEET ADDRESS. CITY-ST-ZIP CHY ST-7P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED