

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 011 ***155.00

DOCUMENT # L70722

1. Entity Name

BRIARCLIFF PRESS, INC.



Principal Place of Business

%EDWIN SANDERS
1470 NW 80TH AVE #201
POMPANO BEACH FL 33063-2913

Mailing Address

%EDWIN SANDERS
1470 NW 80TH AVE #201
POMPANO BEACH FL 33063-2913

40008541



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1988262

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, EDWIN
1470 NW 80TH AVE #201
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME SANDERS, EDWIN
STREET ADDRESS 1470 NW 80TH AVE #201
CITY-ST-ZIP MARGATE FL

TITLE VS ☒ Delete

NAME SANDERS, SYLVIA
STREET ADDRESS 1470 NW 80TH AVE #201
CITY-ST-ZIP MARGATE FL

TITLE T ☐ Delete

NAME ISAACSON, LOIS
STREET ADDRESS 1470 NW 80TH AVE #201
CITY-ST-ZIP MARGATE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

PT
NAME SANDERS, EDWIN
STREET ADDRESS 1470 NW 80TH AVE #201
CITY-ST-ZIP MARGATE, FL 33063-2913

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☒ Change ☐ Addition

NAME ISAACSON, LOIS c/o SANDERS
STREET ADDRESS 1470 NW 80TH AVE #201
CITY-ST-ZIP MARGATE, FL 33063-2913

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

EDWIN SANDERS *Edwin Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

Date

954 973-1018

Daytime Phone #