

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 002 ***150.00

20053799



04282005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0194771
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, JEFFREY I.
2404 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

7. Name and Address of New Registered Agent

Name
ACCOMPAY SERVICES CORP.
Street Address (P.O. Box Number is Not Acceptable)
4801 S. UNIVERSITY DR, SUITE 3000
City **DAVIE** FL Zip Code **33328**

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

4/28/05

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**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, JEFFREY I.	
STREET ADDRESS	2404 N. UNIVERSITY DR.	
CITY-ST-ZIP	SUNRISE, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, JEFFREY I.	
STREET ADDRESS	2404 N. UNIVERSITY DR.	
CITY-ST-ZIP	SUNRISE, FL	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUEL T. RODRIGUEZ	
STREET ADDRESS	4801 S. UNIVERSITY DR. #3000	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	DVPST.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERN SANDLER	
STREET ADDRESS	12528 WOODMILL DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 (954) 680-6114