


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90203 040 \*\*\*150.00

<b>DOCUMENT # L87160</b>	
1. Entity Name EDWARD WEITZ, INC.	

Principal Place of Business 9111 NW 105TH WAY MEDLEY, FL 33178 US <b>NEW ADDRESS</b> 790 WEST 26 <sup>th</sup> ST.	Mailing Address 9111 NW 105TH WAY MEDLEY, FL 33178 US HIALEAH, FL 33010
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2. Principal Place of Business 790 WEST 26 <sup>th</sup> ST. Suite, Apt. #, etc.	3. Mailing Address 790 WEST 26 <sup>th</sup> ST. Suite, Apt. #, etc.
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City & State HIALEAH, FL	City & State HIALEAH, FL	4. FEI Number 65-0209068	Applied For Not Applicable
Zip 33010	Country DADE-USA	Zip 33010	Country USA



03312005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WEITZ, EDWARD M 9111 NW 105TH WAY MEDLEY, FL 33178		7. Name and Address of New Registered Agent	
<b>NEW ADDRESS:</b> 790 WEST 26 <sup>th</sup> ST. HIALEAH, FL 33010		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 Edward Weitz EDWARD WEITZ, PRESIDENT 4-23-05  
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</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEITZ, EDWARD M 9111 NW 105TH WAY MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEITZ, LINDA 9111 NW 105TH WAY MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Weitz 4-23-05 305-264-2080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #