


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M30592	
1. Entity Name 1530 CYPRESS DRIVE CORP.	

Principal Place of Business 2424 SUNRISE KEY BLVD. P.O. BOX 7516 FT. LAUDERDALE, FL 33338	Mailing Address 2424 SUNRISE KEY BLVD. P.O. BOX 7516 FT. LAUDERDALE, FL 33338
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2675108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JAFFESS, RENEE
2424 SUNRISE KEY BLVD.
S-407
FT. LAUDERDALE, FL 33304

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFFESS, DAVID 2424 SUNRISE KEY BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAFFESS, RENEE 2424 SUNRISE KEY BLVD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/05-80002-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Renee Jaffess **RENEE JAFFESS** 4/20/05 954-764-4623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #