

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90013 005 ***150.00

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01102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2758592

Applied For
Not Applicable

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

HARRIS, H. D.
9264 VISTA DEL LAGO #24-A
BOCA RATON, FL 33428

Name **Paul Berkowitz**
Street Address (P.O. Box Number is Not Acceptable)
c/o Greenberg Traurig
1221 Brickell Ave.
City **Miami** FL Zip Code **33131**

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 *Paul Berkowitz* **Paul Berkowitz** **1/10/05**
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

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
NAME **PD**
STREET ADDRESS **HARRIS, HAROLD D.**
CITY-ST-ZIP **9264 VISTA DEL LAGO**
BOCA RATON, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **DVPS**
STREET ADDRESS **HARRIS, RUTH A.**
CITY-ST-ZIP **9264 VISTA DEL LAGO**
BOCA RATON, FL ☒ Delete

TITLE
NAME **DVPS**
STREET ADDRESS **Maureen Berkowitz**
CITY-ST-ZIP **The Gables Club, Tower II**
60 Edgewater Dr., Unit 8-C
Coral Gables, FL 33133 ☒ Change ☐ Addition

TITLE
NAME **DT**
STREET ADDRESS **HARRIS, M. JOEL**
CITY-ST-ZIP **33 CHRSTY LANE**
SPRINGFIELD, NJ 07081 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Maureen Berkowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2005 305-579-0685

Date Daytime Phone #