


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90134 016 \*\*\*150.00

<b>DOCUMENT # N04000001565</b> 1. Entity Name <b>FT LAUDERDALE SOAP BOX DERBY INC</b>					
Principal Place of Business <b>1401 NE 9TH ST #62 FT LAUDERDALE, FL 33304</b>			Mailing Address <b>1401 NE 9TH ST #62 FT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>56-2443585</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SICHER, EDWARD F 1401 NE 9TH ST #62 FT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SICHER, EDWARD F <input type="checkbox"/> Delete 1401 NE 9TH ST #62 FT LAUDERDALE, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODEUR, JUANITA C <input type="checkbox"/> Delete 2249 SW 15TH CT FT LAUDERDALE, FL 33312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADERA, ERNEST <input checked="" type="checkbox"/> Delete 1900 OCEAN WALK LANE #105 LAUDERDALE BY THE SEA, FL 33062				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, ALBERT L <input type="checkbox"/> Delete 3300 N FEDERAL HWY FT LAUDERDALE, FL 33306				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 617, 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 officers empowered.					
<b>SIGNATURE:</b> _____ <b>4/01/05 (954) 224-6908</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					