


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25141</b> 1. Entity Name UFSB ASSOCIATION, INC.	
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Principal Place of Business 3850 HOLLYWOOD BLVD STE 400 HOLLYWOOD, FL 33021 US	Mailing Address 3850 HOLLYWOOD BLVD STE 400 HOLLYWOOD, FL 33021 US
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**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0123126	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

CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD STE 400  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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

<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, ED 2445 HOLLYWOOD BLVD 105 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORGAN, RUTH 2445 HOLLYWOOD BLVD 105 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNFELD, ROBERT M. 3850 HOLLYWOOD BLVD #400 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUGAR, MARTIN 3850 HOLLYWOOD BLVD #401 HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000007315530  
04/19/05-80039-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/12/05 Daytime Phone #: (954) 989-2200