

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N33729

1. Entity Name
FRANZBLAU MEMORIAL HOME, INC.



Principal Place of Business

%AINSLEE R. FERDIE
717 PONCE DE LEON BLVD #215
CORAL GABLES, FL 33134

Mailing Address

%AINSLEE R. FERDIE
717 PONCE DE LEON BLVD #215
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

**FILED
Aug 16, 2005 8:00 am
Secretary of State**

08-16-2005 90040 017 ****76.00

50061900



08112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0144660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD #215
CORAL GABLES, FL 33134

**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: AINSLEE R. FERDIE

Signature, typed or printed name of registered agent and title if applicable.

8/12/05

DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: ZABACK, EDWARD
STREET ADDRESS: 301 SW 135TH AVE #C301
CITY-ST-ZIP: PEMBROKE PINES, FL 330271633

TITLE: DST
NAME: TURK, MAX
STREET ADDRESS: 13550 SW 6TH CT #A312
CITY-ST-ZIP: PEMBROKE PINES, FL 330271626

TITLE: DV
NAME: FEILER, BERNARD
STREET ADDRESS: 13450 SW 3RD STREET #D-18
CITY-ST-ZIP: PEMBROKE PINES, FL 330271639

TITLE: DV
NAME: TYLER, PEARL
STREET ADDRESS: 901 COLONY POINT CIR. #320
CITY-ST-ZIP: PEMBROKE PINES, FL 330262911

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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: Edward J. Zaback
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/05 954-435-3184
Date Daytime Phone #