


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

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

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

<b>DOCUMENT # N33729</b> 1. Entity Name <b>FRANZBLAU MEMORIAL HOME, INC.</b>	
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Principal Place of Business <b>%AINSLER R. FERDIE</b> <b>717 PONCE DE LEON BLVD #215</b> <b>CORAL GABLES, FL 33134</b>	Mailing Address <b>%AINSLER R. FERDIE</b> <b>717 PONCE DE LEON BLVD #215</b> <b>CORAL GABLES, FL 33134</b>
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**50061900**



08112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>FERDIE, AINSLEE R</b> <b>717 PONCE DE LEON BLVD #215</b> <b>CORAL GABLES, FL 33134</b>
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**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 <u><b>AINSLER R. FERDIE</b></u> <span style="float: right;">8/12/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>
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<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZABACK, EDWARD 301 SW 135TH AVE #C301 PEMBROKE PINES, FL 330271633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TURK, MAX 13550 SW 6TH CT #A312 PEMBROKE PINES, FL 330271626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FEILER, BERNARD 13450 SW 3RD STREET #D-18 PEMBROKE PINES, FL 330271639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TYLER, PEARL 901 COLONY POINT CIR. #320 PEMBROKE PINES, FL 330262911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.
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<b>SIGNATURE:</b> <u><b>Edward Zaback</b></u> <b>EDWARD ZABACK</b> <span style="float: right;">8/12/05 954-435-3184</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>
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