## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002798

## FILED Jan 14, 2005 8:00 am Secretary of State 01-14-2005 90012 016 \*\*\*\*61.25

KESHER	L.D., INC.											
18900 N.E. 25TH AVE. 18		1890	ailing Address 8900 N.E. 25TH AVE. I MIAMI BEACH, FL 33180				50002835					
2. Principal Place of Business 3. M			Mailing Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				010720	05 C	hg-NP	CR2	E037 (10/03	)
City & Stat	6	City & State					4. FEI NU 65-0	mber )5918:	58		1—4	Applied For Not Applicable
Zip	Country			intry		5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current	Registere	d Agent		Name		7. Name	and Ad	dress of Ne	w Register	ed Agent	·
CHUSID, HOWARD 18900 N.E. 25TH AVE.						Address (F	(P.O. Box Number is Not Acceptable)					
N MIAMI BEACH, FL 33180												-
,			***	<del>,</del>	City						Zip Co	
	named entity submits this statement for ions of registered agent.	r the purp	ose of changing its r	egister	ed office o	r register	ed agent, o	r both, ir	the State of	f Florida. 1 s	am familiar wit	n, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if nor	dinable /NPTE	Panietera	d Acest signs	tion percental	when reinstating	p)		DAT		
	Signature, types or printed rights or registrated agents	and pine is app	(1012.	- ADQUARDED	o regularies		77700 T OB VALUE 7	*'	1. 7			or * 200° 450° 1. P
Filing Fee is \$61.25 Due by May 1, 2005			Election Campaign Financing     Trust Fund Contribution.				<b>\$5.00</b> M Added to F				eck payable partment of	
10.	OFFICERS AND DI	RECTORS		11.	·	A	DOITIONS	CHANG	ES TO OFFI	CERS AND	DIRECTORS	
TITLE NAME	D CHUSID, HOWARD		☐ Delete	NAM							Change	Addition
STREET ADDRESS	18900 N.E. 25TH AVE.				ET ADDRESS							
CITY-SI-ZIP	N MIAMI BEACH, FL 33180			CITY	-ST-ZIP	ļ						
IIILE	PD		Detete	TITL							Change	Addition
NAME STREET ADDRESS	WHITEBOOK, HEDY 18900 N.E. 25TH AVE.	•		NAM	ET ADORESS							
CITY-ST-ZIP	N MIAMI BEACH, FL 33180			1	-ST-ZIP							
TITLE	VD		☐ Delete	TITLE	 :						☐ Change	☐ Addition
NAME	GOLDSMITH, PATRICIA			NAM						_	<b>-</b>	
STREET ADDRESS	18900 N.E. 25TH AVE. N MIAMI BEACH, FL 33180			1	ET ADDRESS - St - Zip							1
ITILE	ח		☐ Delete	TITLE		V.D.					Change	Addition
NAME	HOFFMAN, MARCY		المادات المادات	NAM		V	•					1
STREET ADDRESS	18900 NE 25 AVE SUITE 219				ET ADDRESS							Ì
CITY-ST-ZIP	MIAMI, FL 33180			1-	-ST-ZIP							
TITLE NAME			Delete	NAM							☐ Change	Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
ME			☐ Delete	TITLE	_						Change	☐ Addition
NAME Street address,				NAME	ET ADDRESS							
CITY-ST-ZIP	a manufacture a promount of a promount of a company of the company		and the second of the second	CITY	-ST-ZIP		-			***		', H
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emb	this filing true and wered to	tioes not qualify for accurate and that m execute this report a	the exe y signat is requi	mption sta ture shall h	ted in Sec nave the s apter 617,	ction 119.07 ame legal e Florida Sta	7(3)(i), Fl effect as atutes; a	orida Statute if made und nd that my n	es. I further der oath; that ame appear	certify that the t I am an office is in Block 10	information or director or Block 11 if
12. I hereby certify that the information supplied with his filing floes 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 tro-peceiver or trustee tempowered of 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:												
SIGNAT	URE: 💛 🛝		711)	WAN	$u \cup v$	カレン(人	<i></i>	( ()	<b>/</b> )	JU3	172-1	000

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #