52005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000012721

1. Entity Name

Flori

FILED Feb 28, 2005 8:00 am Secretary of State

BUCHANAN & ASSOCIATES, INC.						02-28-2005 9	0226 042	***150.0	0
Principal Plac	e of Business	Mailing Address		•	1				
1143 GATEWAY BLVD BOYNTON BEACH FL 33426		8549 SURREY LANE BOCA RATON FL 33496		118	17 22 1 (il 48) 88 42 13 88		4U13	J	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1s	t MOORE	CR2E034	(10/04)	
City & State		City & State			4. FEI Numb	er 65-097840)5		pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	Agent	
RASKIN, STEPHEN'S			Nam				· · · · · · · · · · · · · · · · · · ·		
854	9 SÚRREY LANE CA RATON FL 33496		Stree	t Address (P.O. Box Numb	er is Not Acceptab	ole)		•
			City		·		FL	Zip Co	de
8 The above	e named entity submits this statement f	or the number of changing its	edistered office	or register	red agent or br	oth in the State of F		familiar with	and accept
	tions of registered agent.	or the purpose of changing its i	egistered Unito	Two.	red agent, or bu	out, in the State of F	TOTOA. FAIT	iaiiiiiai wiu	, and accept
	-			تعرشون	· ***				-
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent si	nature required	f /ers af d when reinstating)		DATE		
8888588832333	Care halo , conferencies, gramme estampama concernações de			·	<u> </u>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					•	9. Election Cam Trust Fund Co			.00 May Be ded to Fees
10.	OFFICERS AND DIRECTORS 11.		11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 11
TITLE	D	☐ Delete	TITLE					☐ Change	Addition
NAME	RASKIN, STEPHEN S		NAME						
STREET ADDRESS	1		STREET ADDRES	35					
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP				 		
TITLE NAME	VPA	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	ALICEA, LILLIAN 2730 SW 11TH COURT		NAME STREET ADDRE	- 2		-			
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	.					
TITLE		☐ Delete	TITLE	1336	o Pres	sident of	Operation	Channe	Addition
NAME		23 501010	NAME	1 ch	arles 6	. Barde	~		
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CITY-ST-ZIP			CITY-ST-ZIP	_ الناو	Minetac	eth Cour	33414		
TITLE .		☐ Delete	TITLE		3	•		Change	Addition
NAME			NAME	_					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS					
TITLE		□ Delete	·				• •	☐ Change	☐ Addition
NAME		☐ Delete	NAME					□ cirange	
STREET ADDRESS			_	1					
CITY-ST-ZIP			STREET ADDRE	SS					
			STREET ADDRE	ss					
TITLE		☐ Delete		SS .				☐ Change	Addition
TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME					☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		Wa Flacto St	- 16 d		_

Interest certify that the information supplied with this filling 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 reports 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 receives of fructor ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachine with an address, with all other like empowered.

SIGNATURE:

WE OF SIGNING OFFICER OR DIRECTOR