

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90050 023 ***150.00

DOCUMENT # P00000020997

1. Entity Name
READY MANUFACTURING, INC.



Principal Place of Business
**ATTN: CYNTHIA R. SHORT
425 NW AVENUE L
BELLE GLADE, FL 33430-1801**

Mailing Address
**ATTN: CYNTHIA R. SHORT
425 NW AVENUE L
BELLE GLADE, FL 33430-1801**

40043479

2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

City & State

Zip Country

03222005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3711896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEVEN REED COHEN, ESQ.
STEVEN REED COHEN PA
9000 W SHERIDAN ST., STE 162
PEMBROOK PINES, FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 **STEVEN REED COHEN, ESQ** **03/28/'05**
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORT, CYNTHIA R 425 NW AVENUE L BELLE GLADE, FL 334301801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SHORT, CYNTHIA R 425 NW AVENUE L BELLE GLADE, FL 334301801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: **Cynthia R. Short (President)** **03-28-'05** **(561) 996-4120**
CYNTHIA R. SHORT (PRESIDENT) **03/28/'05** **(561) 996-4120**