2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 18, 2005 08:00 AM DOCUMENT # P00000024583 1. Entity Name **Secretary of State** KAUFMAN & SCHWARTZ, INC. Principal Place of Business Mailing Address 11166 ISLE BROOK COURT WOELLINGTON FL 33414 11166 ISLE BROOK COURT WQELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0993321 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAUFMAN, KENNETH 11166 ISLE BROOK COURT Street Address (P O Box Number is Not Acceptable) WEST PALM BEACH FL 33414 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. FBB. 16 2005-(NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THE ☐ Change ☐ Addition NAME KAUFMAN, KENNETH NAME U00000234238 11166 ISLE BROOK COURT STREET ADDRESS STREET ADDRESS 02/18/05-80012-024 150.00 WQELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME KAUFMAN, PETER STREET ADDRESS 11166 ISLE BROOK COURT STREET ADDRESS CITY-ST-7IP WQELLINGTON FL 33414 DUTY-ST-ZIP WE ☐ Dalete $III_L E$ Change Addition NAME SCHWARTZ, JEFFRY NAME SURFEL ADDRESS STREET ADDRESS 11166 ISLE BROOK COURT CITY-ST-ZIP CITY-ST-ZIP WQELLINGTON FL 33414 TITLE ☐ Delete TITLE Change ☐ Addition SCHWARTZ, LAWRENCE NAME NAME 11166 ISLE BROOK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WQELLINGTON FL 33414 CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DILE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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. 561 798 2401

Daylane Phone #