2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

, -		ANNOAL	REPORT				Apr U	19, 2005 0	8:UU A
DOCUMENT # P0000050211 1. Entity Name FLAGLER BUSINESS CENTER CORP.								cretary of	
Driveled Die	CDin		1						
Principal Place 777 S FLAGI WEST PALM	LER DRIVE 8	TH FLOOR WEST TOWER	Mailing Address 80 SW 8TH STREET SUITE 2000 MIAMI, FL 33130				SA 48111 NAKA 88111 NAKI 8		
2. Principal F	lace of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03082005	Chg-P	CR2E034 (10/03))
City & State			City & State			4. FEI Numl 65-10			Applied For Not Applicable
Zip	6. Name and Address of Current F		Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current H	tegistered Agent	7. Name and Address of New Registered Agent Name					
MILLER, ROSS 7775 FLAGLER DR. 8TH FLOOR WEST TOWER WEST PALM BEACH, FL 33401					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip Co	de
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 Signature Signature has a or printed name of registered agent and title if applicable. (NOTE Registered Agent Signature required when refusating) DATE									
	Ogration, types	or priviled manife or regrationed agent as	to the a althurable: Turbus	c neglstere	a with signature Ledon	ed witerrenstaurg)	, :		
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9									!
10.	,	OFFICERS AND C	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
TITLE			Delete	TITLE	<u> </u>			☐ Change	☐ Addition
NAME	MILLER, ROSS DDRESS { 11402 SW 25TH CT.		* =	NAM	- 1				
STREET ADDRESS	1111= 211 = 111		STREE		ET ADDRESS				
TITLE	P		Delete	זודננ				0295235m change	~Addition
NAME	BYRON, K	KELLY	MAN I DESIGN L				04/03/05	0296238— _{Срапц} 3-80060-007 19	50 . -00"""
STREET ADDRESS	1451 W. C	CYPRESS CREEK RD., #	#300 . STRI		ET ADDRESS	- 10 - 1			
CITY-ST-ZIP	FORT LAI	· <u> </u>	ÇITY	-ST-ZIP					
TITLE			☐ Delete	TITLE	· ·			☐ Change	Addition
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NAME STREET ADDRESS				NAME					
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	ertify that the	information supplied with t	his filing does not qualify for		1	ection 110 07/21	M Florida Statuton	I further certify that the	Information
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 807, 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.									
SIGNAT	ure /		Koss Mu	Ilen	- 4	-7-05	305-909	8-7600	ļ
SIGNATURE: KOSS Multer U-7-05 305-908-7600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cale Daylime Prone 4									