

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2005  
Secretary of State**

DOCUMENT# P00000054151

Entity Name: 2800 DAVIE ROAD, INC.

**Current Principal Place of Business:**

2800 DAVIE ROAD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

19464 39 AVE  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 65-1028479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIRVIS, GENE  
19464 39 AVE  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MIRVIS, GENE  
Address: 19464 39 AVE  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete  
Name: MIRVIS, ANATOLY  
Address: 19464 39 AVE  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE MIRVIS

VP

02/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date