

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000059494**

1. Entity Name  
717 RONEY, INC.



Principal Place of Business  
600 THREE ISLANDS BLVD  
1605  
HALLANDALE, FL 33009

Mailing Address  
600 THREE ISLANDS BLVD  
1605  
HALLANDALE, FL 33009



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1087612

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARKATZ, DANIEL L  
600 THREE ISLANDS BLVD APT 1605  
HALLANDALE, FL 33009

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if 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**

TITLE D  
NAME HARKATZ, DANIEL L  
STREET ADDRESS 600 THREE ISLANDS BLVD APT 1605  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE D  
NAME HUTIN, ELENA MARTA  
STREET ADDRESS 600 THREE ISLANDS BLVD APT 1605  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000334126  
04/27/05-80030-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL HARKATZ

4/27/05

(305) 528-4113

Date

Daytime Phone #