

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000065777**

1. Entity Name  
**SUCCESS ENVSST CORP.**



Principal Place of Business  
**4050 NW 42ND AVE.  
UNIT #318  
LAUDERDALE LAKES, FL 33319 US**

Mailing Address  
**4050 NW 42ND AVE.  
UNIT #318  
LAUDERDALE LAKES, FL 33319 US**



02232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1026173**

Applied For	
Not Applicable	

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

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

**MENDEN, EUGENE A  
16 LAGUNA COURT  
PALM BEACH GARDENS, FL 33418**

**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**

1000000291073  
04/07/05-80015-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MALCOLM, MARCIA
STREET ADDRESS	4050 NW 42ND AVE. UNIT #318
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	VSTD
NAME	MENDEN, EUGENE A
STREET ADDRESS	16 LAGUNA COURT
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 19.07(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:**

*Eugene A. Menden*  
**EUGENE A. MENDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/5/05*  
Date

*561-627-4833*  
Daytime Phone #