



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90486 049 \*\*\*150.00

<b>DOCUMENT # P00000070757</b> 1. Entity Name <b>FLORIDA HOT TUB SERVICE, INC.</b>					
Principal Place of Business <b>5100 N. FEDERAL HWY, SUITE 409 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>5100 N. FEDERAL HWY, SUITE 409 FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business <b>800 W. CYPRESS CREEK RD.</b> Suite, Apt. #, etc. <b>SUITE 470</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33309</b>		3. Mailing Address <b>800 W. CYPRESS CREEK RD.</b> Suite, Apt. #, etc. <b>SUITE 470</b> City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33309</b>			
Country <b>USA</b>		Country <b>USA</b>		04292005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1023188</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY CPA 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Larry Legel</i></u> <b>LARRY LEGEL</b> <u>4/30/05</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST IBA, FRED 800 W. CYPRESS CREEK RD., STE 470 FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u><i>Fred Iba</i></u> <b>FRED IBA</b> , P <u>4/30/05</u> <u>954 4938900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					