

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 035 ***150.00

DOCUMENT # P00000073852

1. Entity Name
SELECTOR CAPITAL MANAGEMENT CORP.



| | |
|--|--|
| Principal Place of Business 2655 LE JEUNE ROAD 517 CORAL GABLES, FL 33134 US | Mailing Address 2655 LE JEUNE ROAD 517 CORAL GABLES, FL 33134 US |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 2655 Le Jeune Road | 3. Mailing Address 2655 Le Jeune Road |
| Suite, Apt. #, etc. 522 | Suite, Apt. #, etc. 522 |

03172005 Chg-P CR2E034 (10/03)

| | |
|---|---|
| City & State Coral Gables, FL | City & State Coral Gables, FL |
| Zip 33134 | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-1036158 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

ROTHFELDT, MARC
2655 LE JEUNE ROAD
SUITE 517
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **Marc Rothfeldt**
 Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road
Suite 522
 City **Coral Gables** **FL** Zip Code **33134**

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 **Marc Rothfeldt, Director** *M Rothfeldt* **3/17/05**
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 | <input type="checkbox"/> Delete |
| NAME ROTHFELDT, MARC | |
| STREET ADDRESS 481 SO MASHTA DRIVE | |
| CITY-ST-ZIP KEY BISCAVNE, FL 33149 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME KLEMMING, DENNIS | |
| STREET ADDRESS 2655 LEJEUNE RD., STE 517 | |
| CITY-ST-ZIP CORAL GABLES, FL 33134 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Dennis Klemming | |
| STREET ADDRESS 2655 Le Jeune Road, Suite 522 | |
| CITY-ST-ZIP Coral Gables, FL 33134 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: **Marc Rothfeldt, Director** *M Rothfeldt* **3/17/05** **305-779-3092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #