


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

03-21-2005 90073 035 \*\*\*150.00

<b>DOCUMENT # P00000073852</b>	
1. Entity Name <b>SELECTOR CAPITAL MANAGEMENT CORP.</b>	

Principal Place of Business <b>2655 LE JEUNE ROAD 517 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>2655 LE JEUNE ROAD 517 CORAL GABLES, FL 33134 US</b>
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2. Principal Place of Business <b>2655 Le Jeune Road</b>	3. Mailing Address <b>2655 Le Jeune Road</b>
Suite, Apt. #, etc. <b>522</b>	Suite, Apt. #, etc. <b>522</b>
City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33134</b>	Country <b>USA</b>

	
03172005 Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-1036158</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>ROTHFELDT, MARC 2655 LE JEUNE ROAD SUITE 517 CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name <b>Marc Rothfeldt</b> Street Address (P.O. Box Number is Not Acceptable) <b>2655 Le Jeune Road</b> <b>Suite 522</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>
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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 <b>Marc Rothfeldt, Director</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>3/17/05</b> <small>(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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROTHFELDT, MARC 481 SO MASHTA DRIVE KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLEMMING, DENNIS 2655 LEJEUNE RD., STE 517 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Dennis Klemming 2655 Le Jeune Road, Suite 522 Coral Gables, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>Marc Rothfeldt, Director</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>3/17/05</b> DAYTIME PHONE # <b>305-779-3092</b>