2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam PHEGLE	ne	# P00000075	5633					(01-27-2005	90057-00	05 ***150	.00
Principal Place of Business 2001 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33305			Mailing Address 2001 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33305							500	07494	\
TORY ENOBERDALE, TE 33303			TONT ENDENDALE, LE 33303					1 INDESERVE 191 AG	Riii akiii akiii aan aa			
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01112005	Chg-P	CR2E	034 (10/03)		
City & State			City & State					4. FEI Number 65-1064	981		 	plied For at Applicable
Zip		Country	Zip	Zip Gour		try	5. Certificate of Status De				\$8.75 Add	fitional
	6. Name a	nd Address of Current	Registered Age	ent				7. Name and A	ddress of New F	Registered	<u>.</u>	
		A.		•		Name						
2001 INTR	, BRYAN A. RACOASTAL JDERDALE;	L DRIVE		-		Street Ad	ddress (F	P.O. Box Number	is Not Acceptable	e)		
	Ţ	•				City				FI	Zip Cod	6
	named entity s	submits this statement for	or the purpose o	f changing its	registere	ed office or	register	ed agent, or both	, in the State of Flo	orida. I an	familiar with,	and accept
		ed agent.										
SIGNATURE_		٠, -	and tale of applicable	(NOTE	. Destistan	d Specialization				0.17	-·.	
SIGNATURE	Signature, typed or	printed name of registered agent	and title if applicable.	. (NOTE	E: Registere	d Agent signatur	re required	when reinstating)		DATE		
FIL	E NOW!!! F	٠, -	9. Ele	(NOTE ection Campai ust Fund Conti	ign Finar		\$5.	when reinstating) OO May Be ad to Fees		DATE		
FIL	E NOW!!! F	printed name of registered agent	9. Ele Tro	ection Campai	ign Finar	ncing _	\$5.	00 May Be	HANGES TO OFF	J	D DIRECTOR	S IN 11
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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.

Daytime Phone #