2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2005 08:00 AM Secretary of State

1. Entity Name KEENAN SARAS		37				- J - G - G - G - G - G - G - G - G - G
Principal Place of Business 1900 W COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE, FL 33309 Mailing Address 1900 W COMMERCIAL BLVD SUITE 200 FORT LAUDERDALE, FL 33309						
				D1052005 No Chg-	isur Batif adibi (Bise tiel) a	Tile allit 1981 291 (1 1991)
DO NOT WRITE IN THIS SPACE				4. FE) Number 65-1040172	- \$6	Applied For Not Applicable
6. Nan	ne and Address of Current Reg	stered Agent		5. Certificate of Status Des	ired 🗆 Fe	Pequired
BOYLE, CONRAD 500 EAST BROWA FORT LAUDERDA	RÖ BLVD SUITE 1950			DO NOT IN THIS		
8. The above named en the obligations of reg	thy submits this statement for the istered agent.	purpose of changing its registere	ed office or register	ed agent, or both, in the State	of Florida, I am fan	illar with, and accept
SIGNATURE Sonature, typ	ed or printed name of registered agent and titl	e if spolicable. (NOTE, Registere	d.Agent signature required	when reinstating)	- DATE	
FILE NOW!! After May 1, 20	FEE IS \$150.00 05 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		3:
STREET ADDRESS 1900 W GITY-ST-ZP	OFFICERS AND DIRE WETH, DALE COMMERCIAL BLVD SUITE AUDERDALE, FL 33309 N, WILLIAM COMMERCIAL BLVD SUITE	. 200 	Namon and a		0000235390 /05-80058-(023 150.00
CITY-ST-ZIP FORT L TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUD <u>ER</u> DALE, FL 33309	<u> </u>		—DO NOT	WRITE	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	7		and the second s	IN THIS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					est appropriate production of the	A
NAME STREET ADDRESS CITY-ST-ZIP	3.2				eg se tærri filmetik si filologisk	
indicated on this rep of the corporation or	the information supplied with this lost or supplemental report is true the receiver or trustee empower trachment with an address, with the common supplies that the common supplies the common supplies	eand accurate and that my signated to execute this report as requi- all other like empowered.	mption stated in Se	ction 119.07(3)(i), Florida Stat same legal effect as if made u , Florida Statutes; and that my	inder oath; that I am y name appears in B	an officer of difector 1
SIGNATURE:	SIGNATURE AND TYPED OR PRINTE	ED NAME OF SIGNING OFFICER OF DIRECT	OR	1015/05	Daylor	ne Phone #