

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90017 009 \*\*\*550.00

DOCUMENT # P00000091663

1. Entity Name  
FENLAND, INC.



Principal Place of Business  
1800 SUNSET HARBOR DR., APT. 1402  
MIAMI BEACH, FL 33139

Mailing Address  
1800 SUNSET HARBOR DR., APT. 1402  
MIAMI BEACH, FL 33139

50052820



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1044744

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVLIN, MARK L  
1550 MADRUGA AVE., #120  
CORAL GABLES, FL 33146

Name Buchbinder & Elegant, PA

Street Address (P.O. Box Number is Not Acceptable)

46 SW 1st Street, 4th Floor

City

Miami

FL

Zip Code

33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BIRCH, GERALD M.R.  
1800 SUNSET HARBOR DR., APT. 1402  
MIAMI BEACH, FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Birch, Gerald M.R.  
1800 Sunset Harbor Dr., Apt. 1402  
Miami Beach, FL 33139 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SANTOS BIRCH, ANNA BEATRIZ  
1800 SUNSET HARBOR DR., APT. 1402  
MIAMI BEACH, FL 33139 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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: Gerald Birch GERALD BIRCH, PRESIDENT MAY 9<sup>TH</sup> 2005 646 658 2731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #