## 2005 FOR PROFIT CORPORATION

SIGNATURE: \_

## FILED Feb 26, 2005 08:00 AM Secretary of State

ANNUAL REPORT					1 CD 20, 2000 00:00 1			
1. Entity Nam	MENT # P010000		Secretary of St					
R.O. LIVE	ENFRIGES GROOF OF	SOUTH ECKIDA, INC.		İ				
Principal Plac	e of Business_	Mailing Address	<del>*************************************</del>	1	•			
217 TIMBER		217 TIMBERWALK TRAIL		<u> </u>				
JUPITER, FL	33400	JUPITER, FL 33458				ir esisi reis ilgis silli		
			<del></del>				<b>                                    </b>	
{				02212005	No Chg-P	CR2E034 (1	0/03)	
Γ	O NOT WRIT	CE	4. FEI Numb	er	·	Applied For		
				65-107			Not Applicable	
1				5. Certificate	of Status Desired		5 Additional Required	
	6. Name and Address of Cur	rent Registered Agent	7	<del></del>			<del></del>	
CHAN, RIG	CKY		-	DΟ	NOT W	DITE		
217 TIMBERWALK TRAIL			DO NOT WRITE					
JUPITER, FL 33458			:	IN "	THIS SF	PACE		
<u> </u>								
		nt for the purpose of changing its registe	ered office or register	ed agent, or bo	th, in the State of Flo	orida. I am familia	r with, and accept	
the obligat	tions of registered agent.	<del>-</del>						
SIGNATURE.	Signature, typed or printed name of registered	agent and little if applicable. (NOTE: Registe	red Agent signature required	when reinstating)	<del></del>	DATE		
					1			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5			.00 May Be led to Fees				
10.	OFFICERS /	NO DIRECTORS	_					
TITLE NAME	CHAN, RICKY							
STREET ADDRESS	217 TIMBERWALK TRAIL							
CITY-ST-ZIP	JUPITER, FL 33458				02/26/05-	1294Ũ32 <u>.</u>		
NAME					<i>UC/2</i> 6/U5~	80004-011	150.00	
STREET ADDRESS CITY+ST+ZIP	{							
TITLE								
NAME	-	-						
STREET ADDRESS CITY-ST-ZIP			ļ	DO	NOT W	/RITE		
TITLE			1	INI '	THIS SI	DACE		
NAME			İ	13.4		AUL		
STREET ADDRESS CITY-ST-ZIP								
TITLE			-					
NAME STREET ADDRESS			_					
CITY-ST-ZIP								
TITLE	7	/	7		٠.	٠		
NAME STREET ADDRESS	/	•	<i>Y</i> /					
CITY-ST-ZIP			1					
12. I hereby	certify that the information supplied on this report or supplemental rep	with this filing does not qualify for the eyort is true and accurate and that my sign appowered to execute this report as reason, with all other like empowered.	reprotion stated in Se seture shall have the	ection 119 07(3) same legal effe	(i), Florida Statutes, ct as if made under	I further certify the oath; that I am an	at the information officer or director	
of the co	rporation or the receiver of trustee or on an attachment with an addition	empowered to execute this report as recess, with all other like empowered	uired by Chapter 60	7, Florida Statuti	es; and that my nam	e appears in Bloc	k 10 or Block 11 if	

02/23/05

PAESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(934)946-8011

Daylime Phone ¥