

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90295 023 ***150.00

DOCUMENT # P01000018034

1. Entity Name
ADVANCED CHARGER TECHNOLOGY, INC.



Principal Place of Business
**451 NE 189TH STREET
MIAMI, FL 33179**

Mailing Address
**451 NE 189TH STREET
MIAMI, FL 33179**

50050963



2. Principal Place of Business

1150 N.W. 163rd Dr.

3. Mailing Address

1150 N.W. 163rd Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1077468

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KANTOR, SEYMOUR
451 NE 189TH STREET
MIAMI, FL 33179**

7. Name and Address of New Registered Agent

Name

Kantor, Seymour

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

1150 N.W. 163rd Dr.

City

Miami,

FL

Zip Code

33169

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KANTOR, SEYMOUR
451 NE 189TH STREET
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
RON, GIL
451 NE 189TH STREET
MIAMI, FL 33179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Kantor, Seymour
1150 N.W. 163rd Dr.
Miami, FL 33169** ☒ Change ☐ Addition
Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
Ron, Gil
1150 N.W. 163rd Dr.
Miami, FL 33169** ☒ Change ☐ Addition
Address

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/05

305-623-7239