2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| 1. Entity Nam | MENT # F | | | | | FILED Feb 02, 2005 08:00 AM Secretary of State | | | | | | | |
|--|---|--|---|---------------------|---------|--|-------------------------------|--|---|--------------------------------------|---|--------|--------------------------------------|
| Principal Plac | e of Business | | Mallin | g Address | - | | | | | · · | | : | . |
| 2601 NE 32ND ST., APT #1 FORT LAUDERDALE FL 33306 | | | 2601 NE 32ND ST., APT #1 #112B FORT LAUDERDALE FL 33306 | | | | | 1131 |) | : #\$111 30 111 1 0412 | 41 1 111 1 1111111 1 15 1111 1 | | TO LEN (1881) |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt #, etc | | | Suite, Apt. #, etc. | | | | - | 1s | MOORE | CR2E | 34 (10/04 | 1) | |
| City & State | | | City & State | | | | | 4. FEI Numb | ^{er} 65-1091 | 207 | · | | olied For Applicable |
| Zip | Country | | | | Cour | ıntry | | <u> </u> | of Status Desire | | \$8.75 Fee Rec | | |
| <u></u> | 6. Name and | Address of Current | Registere | d Agent | | Name | | 7. Name and | Address of Ne | w Register | ed Agent | | |
| STOPCZYNSKI, GERALD E 2601 NE 32ND ST., APT #1 | | | | | | | dress (l | P O. Box Numb | er is Not Accep | table) | | . 4 | |
| FORT LAUDERDALE FL 33306 | | | | | | | ·· ·· | | | | | | · = ' |
| | | | | | | City | · · · · | | | F | Zip | Code | |
| 8. The above the obligated SIGNATURE | tions of registered : | nits this statement for | de) | GENALO | ES | ed office or r | 142 | ed agent, or bo | th, in the State of | of Florida. 1 | 31/00 | | and accept |
| After | | E IS \$150.00 e Will Be \$550.00 ida Department o | | | | | | | | Contribution |), 🔲 , | Added | IO May Be |
| 10. | | OFFICERS AND | DIRECTO | RS | 11. | | | ADDITIONS | CHANGES TO | OFFICERS A | | | - 4 |
| NAME STREET ADDRESS CITY-ST-ZIP | D STOPCZYNSKI, 2601 NE 32ND FORT LAUDERE | ST., APT #1 | | Delete `` | 1 | ι | | | U0000 02/02/05 | 10209641 1-800 4 6 | □ Cha] -023 15 | - | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | V V V V V V V V V V V V V V V V V V V | · - - | □ Delete | | } | | | | | ☐ Cha | nge | Additic. |
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| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | □ Delete | | 1 | | | | | ☐ Cha | rige * | Aggin |
| THLE NAME STREET ADDRESS CITY-ST-71P | | | | Dalete | | | | | | | ☐ Cha | nge | A.hdiff |
| THEE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | City | NE EET ADDRESS Y+S1-ZIP | | | | | ☐ Cha | | Autilia |
| or the col | rporation of the rec | mation supplied with upplemental report is eiver or trustee/empo ent with an address, | owerea to | execute this report | as regu | emption state ture shall havired by Chap | d in Se ve the ofer 607 | ection 119.07(3) same legal effe , Florida Statute | (i), Florida Statu ot as if made un es, and that my | name appea | certify that at I am an of ars in Block | 10 or | formation or director Block 11 |