## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2005 8:00 am Secretary of State

02-08-2005 90016 010 \*\*\*150.00

## DOCUMENT # P01000036644

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Principal Place of Business

Mailing Address

Mailing Address

Mailing Address

Mailing Address

Mailing Address

## 50012041 15822 SW 14th fembroke Pines Fl. 33027 Pembroke Pines fl. 33027 No Chg-P 01122005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1099722 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FISHER, CHARES E DO-NOT WRITE 15822 SW 14th St. Pembroke Pines , F1. 33027 IN THIS SPACE 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: Flegistered Agent signature required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS 10. TITLE FISHER, CHARLES NAME 15822 5W 14th St Mark Constitutions fembroke Pines F1.33027 STREET ADDRESS CITY-ST-ZIP TITLE FISHER, SHIRELLE NAME FISHER, SHIRELLE 2000-10-13-13-15 15822 SW 14th St. CAD COTT, FE 33006 Pembroke Pines, F133027 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIF TITLE

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 in changed, or on an attachingent with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empowered.

305-335-0891

SIGNATURE: Charles E. Fisher Charles Fisher 1-14-05 954432-0028