

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90380 019 ***150.00

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03232005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000069384 1. Entity Name GEORGE KROPOTOFF, INC.					
Principal Place of Business 785 NW 47 ST. POMPANO BEACH, FL 33064			Mailing Address 785 NW 47 ST. POMPANO BEACH, FL 33064		
2. Principal Place of Business 19521 MONTANA LANE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State BOCA RATON, FL Zip 33434		City & State Zip Country		4. FEI Number 65-1120136 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KROPOTOFF, GEORGE 785 NW 47 ST. POMPANO BEACH, FL 33064	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19521 MONTANA LANE City BOCA RATON FL Zip Code 33434				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME KROPOTOFF, GEORGE STREET ADDRESS 785 NW 47 ST. CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 19521 MONTANA LANE BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>George Kropotoff</u> <u>2042765</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					