

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074279

FILED  
Aug 22, 2005  
Secretary of State

Entity Name: 1600 EUCLID ASSOCIATES, INC.

## Current Principal Place of Business:

1600 EUCLID AVENUE  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

555 NE 15TH STREET  
SUITE 100 C/O LOUIS ZARETSKY  
MIAMI, FL 33132

## New Mailing Address:

20 ISLAND AVENUE- SUITE 1410  
MIAMI BEACH, FL 33139

FEI Number: 65-1127711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZARETSKY, LOUIS D ESQ.  
555 NE 15TH STREET,  
SUITE 100  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEAS, BRYAN  
Address: 20 ISLAND AVENUE- SUITE 1410  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete  
Name: ZARETSKY, JEFFREY  
Address: 7321 W CYPRESSHEAD DRIVE  
City-St-Zip: PARKLAND, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN LEAS

PRES

08/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date