2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

Jan 25, 2005 8:00 am **Secretary of State** DOCUMENT # P01000088106 1. Entity Name 01-25-2005 90025 030 ***150.00 HARANDLIN - GP. INC. Principal Place of Business. ... Mailing Address 3451 N HILLS DR HOLLYWOOD FL 33021 3451 N HILLS DR HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-1149227 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOFFMAN, FREDERIC A Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD #600 **MIAMI FL 33156** Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change Addition TITLE OD LENGER LINDA E TITLE ☐ Delete NAME NAME 3451 N HILLS DR STREET ADDRESS STREET ADDRESS 3302 HOLLYWOOD FL 33021 CITY-ST-ZIP Florida CITY-ST-ZIP VD Chare SMORE, ANDRIA L Change ☐ Detete TITLE NAME Way NAME 1840 SWEETBAY L STREET ADDRESS STREET ADDRESS 33019 HOLLYWOOD FL 39821 CITY-ST-ZIP City-St-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP - Delete Change ☐ Addition HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED