

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90286 043 ***150.00

20042058



04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000101057 1. Entity Name 50'S, 60'S, 70'S LIVING, INC.					
Principal Place of Business 2205 WILTON DRIVE WILTON MANORS, FL 33305-2131			Mailing Address 2205 WILTON DRIVE WILTON MANORS, FL 33305-2131		
2. Principal Place of Business 2207 Wilton Drive Suite, Apt. #, etc.		3. Mailing Address 2207 Wilton Drive Suite, Apt. #, etc.			
City & State Wilton Manors, FL Zip 33305-2131		City & State Wilton Manors, FL Zip 33305-2131		4. FEI Number 65-1148513 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, PAUL J 3020 NE 16TH AVE 304E OAKLAND PARK, FL 33334			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: 4/15/05					
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 NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, PAUL J 2205 WILTON DRIVE WILTON MANORS, FL 333052131		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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:			Date: 4/15/05 Daytime Phone #		