2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

AIIII OILI				Secretary of State			
1. Entity Nar	MENT # P010001203			D	ceretai	y or Sta	
2851 CYPR	ce of Business ESS CREEK RD. ERDALE, FL 33309	Mailing Address 2851 CYPRESS CREEK RD. FORT LAUDERDALE, FL 3330	9		- Ballist Irāli Barli Sanii ka		r) (400m 1219sg) 11 (440)
		There is a second of the secon		04272005	No Chg-P	CR2E034 (1	HEAT INCL. II ISE.
C	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 04-3621	,	★ \$8.7	Applied For Not Applicable 5 Additional Required
	6. Name and Address of Current Re	gistered Agent	 	·	° Zing on the sales of the		7.1 7.1 7.1
CAPPADONNA, RICHARD 2851 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309			DO NOT WRITE IN THIS SPACE				
	a named entity submits this statement for it tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familia	r with, and accept
SIGNATURE.	Signature, typed of printed name of registered agent and	lde if applicable "* (NOTE, Registere	d Agent signature required	when reinstaurg)		DATE	
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS			and the section.	at se, e	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	PD CAPPADONA, RICHARD R 2851 CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309		· ·		U0000 04/29/05)0342029 5-80039-0	13 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP				. 11			
RITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·			•	
TITLE NAME STREET ADDRESS							

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 it 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 eddress, with all other like appowered.

SIGNATURE:

City-ST-ZIP

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

ard Cappatena 4/27/a