2005 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-7IP

ANNUAL REPORT DOCUMENT # P02000004855 FILED 1. Entity Name WEINTRAUB ENTERPRISES, INC. 05 MAY -2 PH 3: 47 Principal Place of Business Mailing Address 10115 DIAMOND LAKE ROAD 10115 DIAMOND LAKE ROAD **BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33437 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 01-0573663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINTRAUB, TED DO NOT WRITE 10115 DIAMOND LAKE ROAD BOYNTON BEACH, FL 33437 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WEINTRAUB, TED NAME STREET ADDRESS 10115 DIAMOND LAKE ROAD 900054229119 05/10/05--01090--001 **4423.75 CITY-ST-ZIP BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 trusted 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 action of the receiver of trusted empowered. SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR