

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90109 048 \*\*\*150.00

DOCUMENT # P02000005618

1. Entity Name  
ASSET MANAGER, INC.



Principal Place of Business  
1250 E. HALLANDALE BEACH BLVD., STE. 300  
HALLANDALE, FL 33009

Mailing Address  
1250 E. HALLANDALE BEACH BLVD., STE. 300  
HALLANDALE, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072005

Chg-P

CR2E034 (10/03)

4. FEI Number

30-0017793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAUNER, BLANCHE  
1250 E HALLANDALE BEACH BLVD.  
STE. 300  
HALLANDALE, FL 33009

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D POSNER, VICTOR  
STREET ADDRESS  
1250 E. HALLANDALE BEACH BLVD., STE. 300  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☒ Delete

TITLE  
NAME  
VCEV COLVIN, MELVIN  
STREET ADDRESS  
1250 E. HALLANDALE BEACH BLVD., STE. 300  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
CPCE NESTOR, BRENDA  
STREET ADDRESS  
1250 E. HALLANDALE BEACH BLVD., STE. 300  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
VST LAUNER, BLANCHE  
STREET ADDRESS  
1250 E. HALLANDALE BEACH BLVD., STE 300  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
CFAT MCGANN, EDWARD T  
STREET ADDRESS  
1250 E. HALLANDALE BEACH BLVD., STE 300  
CITY-ST-ZIP  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
Vice Chairman/Ex VP/AT/AS ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
Chairman/Pres/CEO/AT/AS ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/05 954-455-5953