2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 04, 2005 08:00 AM **Secretary of State DOCUMENT # P02000006160** POKER RUN ACQUISITIONS, INC. Mailing Address Principal Place of Business 201 SOUTH BISCAYNE BLVD., SUITE 850 201 SOUTH BISCAYNE BLVD., SUITE 850 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (10/03) 03012005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0533850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION DO NOT WRITE 201 SOUTH BISCAYNE BLVD. IN THIS SPACE SUITE 850 MIAMI, FL 33131 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, 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. D TITLE NAME CHEEZEM, JAN CARSON 201 SOUTH BISCAYNE BLVD., SUITE 850 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE U00000251478 03/04/05-80052-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 w

heeren 3/1/05 SIGNATURI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

3057023000

FILED