


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000020424 1. Entity Name POOF CORP. |  |
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|---|---|
| Principal Place of Business 56 N.E. 162 STREET NORTH MIAMI BEACH FL 33162 | Mailing Address 56 N.E. 162 STREET NORTH MIAMI BEACH FL 33162 |
|---|---|



1st MOORE CR2E034 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | |
|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
|-----------------------------|-----------------------------|

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|---|--|
| 4. FEI Number 02-0558716 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent OSMAN, MICHAEL 1474-A WEST 84 STREET HIALEAH FL 33014 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | PS <input type="checkbox"/> Delete |
| NAME | BARON, WILSON |
| STREET ADDRESS | 56 N.E. 162 STREET |
| CITY - ST - ZIP | NORTH MIAMI BEACH FL 33162 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BARON, WILSON |
| STREET ADDRESS | 56 N.E. 162 STREET |
| CITY - ST - ZIP | NORTH MIAMI BEACH FL 33162 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UD00000263876 |
| STREET ADDRESS | 03/15/05-80004-003 150.00 |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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: Wilson Baron 03/04/05 (325) 282 0511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #