

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-15-2005 90105 035 ***150.00

DOCUMENT # P02000049834					
1. Entity Name ASPIRE OF SOUTH FLORIDA CORP.					
Principal Place of Business 1420 N. UNIVERSITY DR POMPANO BEACH, FL 33071			Mailing Address 2200 CORPORATE BLVD., N.W. SUITE 401 BOCA RATON, FL 33431		
2. Principal Place of Business 1420 N. UNIVERSITY DR		3. Mailing Address 1420 N. UNIV. DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS, FL		4. FEI Number 04-3677138	
Zip 33071		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HCMR CORP. 2200 CORPORATE BLVD., N.W. SUITE 401 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name: Moskauer Rosz LLP Attn: Gary Kovacs Street Address (P.O. Box Number is Not Acceptable): 2255 Gladys Road Suite 340W City: Boca Raton FL Zip Code: 33431		
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: <u>[Signature]</u> DATE: <u>3/16/05</u> <small>(NOTE: Registered Agent signature required when re/retroding)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete GAMARR, MIGUEL A 995 LAVENDER CIRCLE FORT LAUDERDALE, FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			Date: <u>3/17/05</u> Daytime Phone # _____		