2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053577					FII	LED	
1. Entity Name	LLULAR CORPORATION				05 MAY 18) PM 4: 26	
	1700		- VI	1000	-		
		Mailing Address			3EURETAN 7 AH A H A H A	RY OF STATE SEE, FLORIDA	
12054 MIRAMAR PARKWAY MIRAMAR, FL 33025		12054 MIRAMAR PARKWAY MIRAMAR, FL 33025			LALLAHAJ	JLL, I LOMDA	
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2. Principal Place of Business 3.		3. Mailing Address 2665 S. Bayshore Drive					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703			04272005 Chg-P	CR2E034 (10/03)	
City & State		City & State Miami, FL			4. FEI Number 04-3694385	Applied For Not Applicable	
Zip	Country		Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New F	legistered Agent	
Name							
MITCHELL S. POLANSKY 2665 S. BAYSHORE DR			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 703					•		
MIAMI, FL 33133			City			Zip Code	
						r _L	
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							
10.	OFFICERS AND D		11.	n /n	ADDITIONS/CHANGES TO OFF		
TITLE NAME	PD MOSES, ROBERT W	☐ Delete	TITLE NAME	P/D Mose	s, Robert W.	Change Addition	
STREET ADDRESS	12068 MIRAMAR PARKWAY		STREET ADDRESS	2665	S. Bayshore Drive	e, #703	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY+ST-ZIP		mi, FL 33133		
TITLE NAME	V PANAGAKOS, CHRISTIAN	☐ Defete	TITLE NAME	VP/D	/T gakos, Christian	Change Addition	
STREET ADDRESS	12054 MIRAMAR PARKWAY				S. Bayshore Drive	e, #703	
CITY-SI-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		mi, FL 33133		
TITLE	D D	☐ Defete	TITLE NAME			☐ Change ☐ Addition	
NAME STREET ADDRESS	ZOKAITES, FRANK 375 GOLFSIDE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WEXFORD, PA 15090	;	CITY-ST-ZIP			110	
TITLE	S/D	☐ Delete	TITLE		\	# Addition Addition	
NAME STREET ADDRESS	POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE	#703	NAME STREET ADDRESS		A	M.	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		7	·	
TITLE	D	Delete	TITLE			☐ Change ☐ Addition	
NAME CAREET ADDOCCO	DEL TORRO, UBALDO V 12068 MIRAMAR PARKWAY		NAME STREET ADDRESS		700054	748987	
STREET ADDRESS CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		05/18/050106	748987 2001 **900.00	
TITLE	,	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP	1		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 occurred 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 assect 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, white all other incommend.							
changed, or on an attachment with an address, with all other like empowered. MIT Che II S Clansis 4/29/05 (305) 858–9900							
SIGNATURE: / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1							
SUMMATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							