2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 08:00 AM Secretary of State

	ANNUAL	KEPUKI				25, 2005 00	
1. Entity Nar	JMENT # P02000065 me VERTISING, INC.	734			Se	cretary of S	State
			4				
Principal Pla	ce of Business	Mailing Address					
2830 N 28	TERRACE	2830 N 28 TERRACE					
HOLLYWOOI	D, FL 33020 _	HOLLYWOOD, FL 33020					
Ì				03162005	No Chg-P	CR2E034 (10/03)	
	NOT WOTE	IN THIS COA		03 102003	No chg-r	CH2E034 (10/03)	
ļ L	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	er	Applie	ed For
1	人名英格特特			42-153		 	pplicable
						\$8.75 Additio	· · · · · · · · · · · · · · · · · · ·
	and the second of the second o	jag 1 jakktan mahilike	:::	Certificate	of Status Desired	Fee Required	i i ai
	6. Name and Address of Current R	egistered Agent	jinganin kanada ka ka		*****		
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400 SE 18	S STREET		<u></u>	DO	NOT W	HILE	
	UDERDALE, FL 33316						
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						# 1-49 mm	
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8. The above the obliga	e named entity submits this statement for tallions of registered agent.	he purpose of changing its register	ed office or registere	ed agent, or bol	th, in the State of Fl	orida. I am familiar with, and	i accept
SIGNATURE.	Sgnature, typed or printed name of registered agent and	this density and analysis	**		·-·	0.400	
	Symmetry, types of preference to registered agent and	ine i appacame. (NOTE, Hegistere	d Agent signature required i	when reinstating)		DATE	
After M	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00		· _ · · ·	00 May Be d to Fees	1000001 200725705)276683 	75
_10.	OFFICERS AND DI	RECTORS			CONTROL CO		3 50
TITLE	D						
NAME	ROSE, ROBERT S						
STREET ADDRESS	2830 N 28 TERRACE	••			,		
CITY-ST-ZIP	HOLLYWOOD, FL 33020	•	i				
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TITLE NAME		13 778					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>,</u>			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	certify that the Information supplied with the	s filling does not qualify for the exe	nption stated in Sections shall have the sec	tion 119.07(3)(i), Florida Statutes.	further certify that the information to the certify that the information to the certification of the certification	ation
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	certify that the Information supplied with the on this report or supplemental report is troporation or the receiver or flustee empower, or on an attachment with an address, with	s filling does not qualify for the exer se and accurate and that my signat red y execute this report as requir	nption stated in Secure shall have the sa ed by Chapter 607.	tlon 119.07(3)(i ame legal effect Florida Statutes), Florida Statutes. I as if made under o s; and that my name	further certify that the informath, that I am an officer or d	vation frector

JULIA DE LA PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: