## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 26, 2005 08:00 AM DOCUMENT # P02000079230 -**Secretary of State** 1. Entity Name THEODORA'S, INC. Principal Place of Business Mailing Address 8212 GLADES ROAD 8212 GLADES ROAD BOCA RATON FL 33434 **BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 41-2051167 Not Applicat Zio Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLINS, STACEY D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1005 LAKE AVENUE LAKE WORTH FL 33460 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE ☐ Delete Change U00000245968 NAME ZABINSKY, THEODORE NAME 02/28/05-80046-010 150.00 STREET ADDRESS 8212 GLADES ROAD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-7IP TITLE ☐ Delete THILE Change Addif-NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete HITTE Change Accidio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete THILE Change Andiba NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete DELE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with advanced with a production of the corporation of the corpora

The day Zobinsky 2/21/05 561-883-1506

WE OF SURVING OFFICER OR DIRECTOR

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