## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

**FILED** Jan 18, 2005 08:00 AM DOCUMENT # P02000094343 **Secretary of State** 1. Entity Name 1225, INC. Principal Place of Business Mailing Address 1 N.E. 1ST STREET SUITE 700 1 N.E. 1ST STREET SUITE 700 MIAMI, FL 33132 MIAMI, FL 33132 01052005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0643243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ROSEN, WENDIR ESQUIRE DO NOT WRITE **48 EAST FLAGLER STREET SUITE 368** IN THIS SPACE MIAMI, FL 33131 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 stangure 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 DIRECTORS PS TITLE NAME BLUE, BEATRIZ STREET ADDRESS 1 N.E. 1ST STREET, SUITE 700 CITY-ST-ZIP MIAMI, FL 33132 TITLE U00000184092 01720705-80016-017 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 30S-416-4360

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone