2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2005 8:00 am DOCUMENT # P02000102027 **Secretary of State** 02-08-2005 90007 007 ***150.00 LAW OFFICES OF DAVID J. PYPER. P.A. Principal Place of Business Mailing Address 1580 SAWGRASS CORPORATE PARKWAY 1580 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33326 SUNRISE FL 33326 2. Principal Place of Business 3. Mailing Address 1792 Bell Tower Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For FC 54-2075369 حكم westan Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Brow med Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID, PYPER J Street Address (P.O. Box Number is Not Acceptable) 1580 SAWGRASS CORPORATE PARKWAY 130 SUNRISE FL 33326 Zip Code 33320 westow 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Change Addition ☐ Delete NAME PYPER, DAVID PRES. NAME STREET ADDRESS 1580 SAWGRASS CORPORATE PKWY, STE 130 STREET ADDRESS SUNRISE FL 33326 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TELLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

NAID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🔀

FILED