

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000102095
 1. Entity Name
 CD74, INC.



Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE SUITE 206 DEERFIELD BEACH, FL 33442	Mailing Address 1350 EAST NEWPORT CENTER DRIVE SUITE 206 DEERFIELD BEACH, FL 33442
---------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0646646	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAY, JAMES R ESQ.
 KAY LAW OFFICES
 700 VILLAGE CROSSING, STE 102B
 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

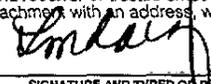
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REIBLING, LORENZ
STREET ADDRESS	1350 EAST NEWPORT CNTR. DR., SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	REIBLING, GUENTHER
STREET ADDRESS	1350 EAST NEWPORT CNTR. DR., SUITE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	V
NAME	KASSOF, LINDA G
STREET ADDRESS	1350 E. NEWPORT CENTER DR., STE 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000333265
 04/26/05-80092-009 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:  Linda G. Kassof 04/22/05 (954) 428-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #