## **FILED** 2005 FOR PROFIT CORPORATION ANNUAL REPORT Apr 06, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P020001190							v		
Principal Place of Business Mailing Address 519 COMMONS DRIVE 519 COMMONS DRIVE PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33					 		<b></b>	I INTSI MENINE SNCH	nrnríkhi ið íkni	
		The state of the s	<del>,</del>							
DO NOT WRITE IN THIS SPA					01312005	No Chg-P	CR2E	E034 (10/03	3)	
					4. FEI Numbe 41-207		- "	<del></del>	Applied For Not Applicable	
					5. Certificate	of Status Desired		\$8.75 A Fee Requi	dditional red	
	6. Name and Address of Current Re	gistered Agent							in Webser will all	
HELPERIN, ALAN J 519 COMMONS DRIVE PALM BEACH GARDENS, FL 33418				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  Signature, typod or printed name of registered agent and tills if applicable (NOTE Registered Agent signature required when refrestring)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ricing	\$5.	.00 May Be					
10.	OFFICERS AND DI	RECTORS								
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D HALPERIN, ALAN J 519 COMMONS DRIVE PALM BEACH GARDENS, FL 334	18								
TITLE NAME STREET ADDRESS CITY-ST-ZIP						- 00000 04/06/05	02893 -8002	149 3-004 (	150.00	
TIFLE NAME STREET ADDRESS GITY-ST-ZIP						NOT W				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN 7	THIS SF	PAC	E		
TITLE										

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.

SIGNATURE: \_\_\_

STREET ADDRESS CITY-ST-ZIP mu NAME STREET ADDRESS CITY - ST-ZIP

561 3292658