

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 026 ***150.00

DOCUMENT # P02000120794

1. Entity Name
MASQUERADE II, INC.



Principal Place of Business
**2200 ELLER DRIVE
FT. LAUDERDALE, FL 33316**

Mailing Address
**P.O. BOX 13038
FT. LAUDERDALE, FL 33316**

14000571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
45-0491019

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KURZ, GERHARD E**
STREET ADDRESS **2200 ELLER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **G/CEO** ☒ Change ☐ Addition
NAME **Kurz, Gerhard E.**
STREET ADDRESS **2200 Eller Drive**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **DVP** ☐ Delete
NAME **TWITS, ALAN R**
STREET ADDRESS **2200 ELLER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **SVP/D** ☒ Change ☐ Addition
NAME **Twits, Alan R.**
STREET ADDRESS **2200 Eller Drive, Ft. Lauderdale, FL 33316**

TITLE **DT** ☐ Delete
NAME **DESOSTA, VINCENT J**
STREET ADDRESS **2200 ELLER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **SVP/T/D** ☒ Change ☐ Addition
NAME **deSosta, Vincent J.**
STREET ADDRESS **2200 Eller Drive**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **DS** ☐ Delete
NAME **FINCH, STEPHEN B**
STREET ADDRESS **2200 ELLER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **VP/S/D** ☒ Change ☐ Addition
NAME **Finch, Stephen B.**
STREET ADDRESS **2200 Eller Drive**
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **P** ☐ Delete
NAME **ROGERS, KENNETH M**
STREET ADDRESS **2200 ELLER DRIVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SB Finch

Stephen B. Finch

4/18/05

954-523-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #