


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000127484</b>	
1. Entity Name CHERYL LEVINE, INC.	

Principal Place of Business 8821 SW 105 ST MIAMI, FL 33176	Mailing Address 8821 SW 105 ST MIAMI, FL 33176
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03202005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0806768	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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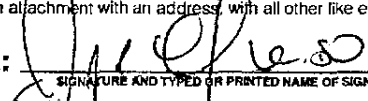
6. Name and Address of Current Registered Agent  LEVINE, CHERYL 8821 SW 105 ST MIAMI, FL 33176
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, CHERYL 8821 SW 105 ST MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFONSO, JORYE 8821 SW 105ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000275371  
03/24/05-80051-011 158.75

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: 	VP Jorye Alfonso	3/20/05 279-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date	Daytime Phone #	