

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90298 040 \*\*\*150.00

DOCUMENT # P03000004793

1. Entity Name  
AD STOP CONSULTING, INC.



Principal Place of Business  
229 GOOLSBY BLVD.  
DEERFIELD BEACH, FL 33442

Mailing Address  
229 GOOLSBY BLVD.  
DEERFIELD BEACH, FL 33442

50051144

2. Principal Place of Business  
4800 N. FEDERAL Hwy  
Suite, Apt. #, etc.  
Ste 302D

3. Mailing Address  
4800 N. FEDERAL Hwy  
Suite, Apt. #, etc.  
Ste 302D



05052005 Chg-P CR2E034 (10/03)

City & State  
BOCA RATON, FL  
Zip  
33431  
Country  
USA

City & State  
BOCA RATON, FL  
Zip  
33431  
Country  
USA

4. FEI Number  
51-0440399  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MINSKY, HOWARD  
8423 BOCA GLADES BLVD. E.  
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

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.

HOWARD MINSKY  
(NOTE: Registered Agent signature required when reinstating)

5-5-05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME CP  
STREET ADDRESS MINSKY, HOWARD  
CITY-ST-ZIP 8423 BOCA GLADES BLVD. E.  
BOCA RATON, FL 33434 ☐ Delete

TITLE  
NAME CP  
STREET ADDRESS SILVA, ADAM  
CITY-ST-ZIP 12195 NW 24TH ST.  
CORAL SPRINGS, FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-05 561-394-7967  
Date Daytime Phone #