## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P03000022615**



**FILED** May 02, 2005 8:00 am Secretary of State

05-02-2005 90412 025 \*\*\*150.00

Pincipal Place of Business	4126 MANAGEMENT CORP.										
DAVIE, FL 33314	Principal Place of Business Mailing Address										
Sulfe, Apt. 4, otc.   City & State   City & City & State   City & City & State   City & State   City & State   City & State   City & City & City & State   City &				OAD 7			140141	26	<b>.</b> Dia antak tiadi <b>t</b> i		
City & State    City & State   City & Ci	2. Principal Place of Business		3. Mailing Address								
Zip Country Zip Country Size Co								CR2E0	· · · · · ·		
S. Certificate of Setting Seption   Fig. Regulared   Fig.	City & State		City & State	City & State							
DANIELLE, JOSEPH 4343 SOUTH STATE ROAD 7 DAVIE, FL 33314    City   FL   Zip Code	Zip	Country	Zip	Count	try	5. Certificate	of Status Desired				
DANIELLE, JOSEPH 4343 SOUTH STATE ROAD 7 DAVIE, FL 33314  Street Address (P.O. Box Number is Not Acceptable)  City FL 2ip Code  City FL 2i	6. Name and Address of Current Registered Agent				hioma	7. Name and	Address of New F	legistered /	Agent		
City   FL   Zip Code	4343 SOUTH STATE ROAD 7										
8.7 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 mic obligations of registered agent.  SIGNATURE    Sprauve, types or prices name of registered agent and the if applicable. (NOTE Requiremed Agent Signature required when revictable)    PILE NOWITI   FEE IS \$150.00											
SIGNATURE    Signature   Superave princer rame of registered agent.   Signature produces agent and side (upoticable.   (NOTE: Registered Agent isonature recurred when remotion(s))   DATE					City			FL	Zip Cod	е	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DP DANIELLE, JOSEPH STREET ADDRESS CITY-ST-2P DAVIE, FL 33314  ITILE DV DANIELLE, MICHAEL J JR STREET ADDRESS CITY-ST-2P DAVIE, FL 33314  ITILE DST DAVIE, FL 33314  ITILE DST DAVIE, FL 33314  ITILE DANIELLE, LINDA STREET ADDRESS CITY-ST-2P DAVIE, FL 33314  ITILE MAME STREET ADDRESS CITY-ST-2P  ITILE MAME STREET	thể obligations of registered agent. SIGNATURE										
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	. ; Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
TITLE NAME DANIELLE, JOSEPH STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33314  TITLE DV DANIELLE, MICHAEL J JR STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33314  TITLE DST DAVIE, FL 33314  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP											
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12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STRE CITY-	E ET ADDRESS -ST-ZIP						

indicated on this report or supplied with missining does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 eath; 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.

GM DAWIELLE JOSEPH DAWIELLE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR