2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2005 8:00 am Secretary of State

1. Entity Nam	MEN I # P03000020 ON-WHITE, INC.				02-11-2005	90021 043	3130	
100 SE 2ND 17TH FLOOF MIAMI, FL 3	3131	Mailing Address 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131	· · ·					
1395 BK	Place of Business RICKELL AVE	3. Mailing Address 1395 BRICKEL	L AVE,					
Suite, Apt.	TLR	Suite, Apt. #, etc.		02042005	Chg-P	CR2E034		
City & Stat	1, FL	City & State MIAMI, F.	<u>L</u>	4. FEI Number 87-0689			No	pplied For ot Applicable
33/3	Country USA 6. Name and Address of Current	33131	U.S.A		of Status Desired Address of New I	Fe	8:75 Add	
-12	or realise and receives of surrent	riegistated Agont	Name					
GORDON, HOWARD 100 SE 2ND STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
17TH FLO MIAMI, FL								
			City			FL	Zip Code	
	named entity submits this statement follows of registered agent.	or the purpose of changing its re	egistered office or registe	ered agent, or both	, in the State of FI	lorida. I am far	miliar with,	and accept
the obligat	dona or registerad agont.							
the obligat		·.						
_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)		DATE		
SIGNATURE_		9. Election Campaign	n Financing\$	5.00 May Be		DATE		
SIGNATURE_	Signature, typed or printed name of registered agent	9. Election Campaigr Trust Fund Contrib	n Financing\$	5.00 May Be ided to Fees	CHANGES TO OFF		DIRECTORS	3 IN 11
SIGNATURE_ FIL After Ma	Signature, typed or printed name of registered agent E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550. OFFICERS AND P TRIANGOLO, ED 6196 NW 11TH ST	9. Election Campaigr Trust Fund Contrib	n Financing \$8 oution.	5.00 May Be ided to Fees	CHANGES TO OFI	FICERS AND D	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.0/(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 orath; 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: Schart Property Signature and Typed or Private of Signing Officer or Director Date Date Dayling Phone #