2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032375

FILED
Apr 28, 2005 08:00 AM
Secretary of State

1. Entity Name 1452 HOLDINGS, INC.	** - \ <del>- \</del>			
Principal Place of Business 1452 PRESIDENTIAL WAY NORTH MIAMI BEACH, FL 33179	Mailing Address 1452 PRESIDENTIAL WAY NORTH MIAMI BEACH, FL 33	179	,	
	The second secon			
		~-	04252005 No Chg-P	CR2E034 (10/03)
DO NOT WRI	TE IN THIS SPA	CE	4. FEI Number 05-0581313	Applied For Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent		A CONTRACTOR OF THE PROPERTY O	The second secon
HANONO, SALOMON 1452 PRESIDENTIAL WAY NORTH MIAMI BEACH, FL 33179	· -		DO NOT WE IN THIS SPA	
The above named entity submits this statem the obligations of registered agent.  SIGNATURE  Signature, typed of printed name of registere.		red office or registe		da. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.0 After May 1, 2005 Fee will be \$	9. Election Campaign Fina	ancing \$5	5.00 May Be ded to Faes	wit
10. OFFICERS	AND DIRECTORS			Para Para Para Para Para Para Para Para
NAME HANONO, SALOMON STREET ADDRESS 1452 PRESIDENTIAL WAY	· · · -			

NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP U00000340304 28/05-80136-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

MAN HOW SOLMEN HAND NO MIGHATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

305-773-1990

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