

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90019 008 ***150.00

DOCUMENT # P03000038771 1. Entity Name DEAN SHECHTMAN, INC.			
Principal Place of Business P O BOX 80-0040 53 AVENTURA, FL-33280		Mailing Address P O BOX 80-0040 53 AVENTURA, FL-33280	
2. Principal Place of Business P.O. Box 76099 Suite, Apt. #, etc. P.O. BOX 773309		3. Mailing Address P.O. Box 76099 Suite, Apt. #, etc. P.O. BOX 773309	
City & State Ocala FL Zip 34481-0099 34477		City & State Ocala FL Zip 34481-0099 34477	
Country USA		Country USA	
4. FEI Number 01-0778283		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AUERBACH, JAY E 2338 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHECHTMAN, DEAN P O BOX 80-0040 800053 AVENTURA, FL 33280	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHECHTMAN, DEAN P O BOX 76099 773309 Ocala FL 34481-0099 ZIP 34477-3309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X DEAN SHECHTMAN 3-7-05 305-270-3766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>			