## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUI 1. Entity Nam RCN INVI	18	# P03000049 its, inc.				04-14-2005	5 9009	95 038 **	*150.00	
Principal Place 29 NORTH FI HALLANDALE	EDERAL HIG	HWAY		Mailing Address 29 North Federal Highway Hallandale, Fl 33009		66016339				
2. Principal Pi	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222005	Chg-P	CR2E	034 (10/03)	
City & State			City & State			4. FEI Number 58-237				oplied For of Applicable
Žip	ZipZip		Cour	ilry	5. Certificate of Status Desired Sectional Fee Required					
5. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	gistered	Agent	
GERRITS, ANDREW T 6350 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309						P.O. Box Numbe	er is Not Acceptable)			
					City			FL	Zip Cod	0
8. The above	named entit	y submits this explement for	the purpose of changing its	register	d office or register	ed agent, or bot	h, in the State of Flori		_	and accept
the obligations of registered agent.										
SIGNATURE Signature, hyperd or printed intime of registered agent and title if applicable (NOTE: Registered Agent age						when renotating)	·	DATE		<del></del>
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.   Trust Fund Contribution.   Added to Fees										
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AN	D DIRECTORS	SIN 11
TITLE	D		☐ Delete	TITLE					Change	Addition
NAME STOCET ADDRESS	NAME NIRENBERG, JASON A STREET ADDRESS 29 NORTH FEDERAL HIGHWAY									
CITY-ST-ZP HALLANDALE, FL 33009					ET ADDRESS - ST-ZIP					
THE D							-		☐ Chasca	☐ Addition
MANE Marc S. Rosenblatt Detale					£ .					
corristion Hallanday, FC 33009					ET ADDRESS • ST-ZIP					
-mre Deids -						-			Change	
NAME SIMON COKEN									C) cum go	- La radokilori
STREET MODESS 29 N. Federal Huy CITY-ST-20 Hallandale FC 33009					ET ADDRESS					
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NAME			₩ Deixs	NAME					Change	☐ Addition
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CITY-ST-7IP				CITY-	ST-21P					
TITLE NAME			☐ Defets	TITLE					Change	Addition
STREET ADDRESS					ET ADDRESS			<b>.</b> .		<u>.</u> . [
CITY-ST-ZIP					ST-ZIP					
12. I hereby certify that the information supplied with this liting 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 securate 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:										