## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 21, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P030000823				Secretary or State
Principal Place 501 SE 10TH POMPANO B		Mailing Address 501 SE 10TH AVENUE POMPANO BEACH, FL 33306		e eddinen ili nesili ilin Sulli ke	NICE MANGE MANUEL SENIE ENWANN 1958: ENIEL TOWNSE FE INDE
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01052005 No Chg-F  4. FEI Number 51-0476390  5. Certificate of Status Desir	Applied For Not Applicable
501 SE 10	O, CHRISTOPHER TH AVENUE D BEACH, FL 33306		DO NOT WRITE IN THIS SPACE		
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  Signature, typod or printed name of registered agent and title if applicable.  (NOTE: Begistered Agent signature required when restrating)  DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees	
10.	OFFICERS AND DIF	RECTORS -; =	J		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINUTOLO, CHRISTOPHER 501 SE 10TH AVENUE POMPANO BEACH, FL 33308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	over a company		00 02,721	00000237972 1/05-80080-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	ì
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·			and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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.					
SIGNATURE: Day BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Day Day Day Day Day Day Day					