


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101653					
1. Entity Name ST. LUCIE I CORPORATION					
Principal Place of Business 1401 UNIVERSITY DR., SUITE 200 CORAL SPRINGS FL 33071			Mailing Address 1401 UNIVERSITY DR., SUITE 200 CORAL SPRINGS FL 33071		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0241207	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANT, MARK F ESQ. 200 E. BROWARD BLVD., 15TH FLOOR FT. LAUDERDALE FL 33301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZRATTI, ITZHA K			NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200			STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071			CITY- ST- ZIP	
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANT, ALAN J			NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200			STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071			CITY- ST- ZIP	
TITLE	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, RICHARD A			NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200			STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071			CITY- ST- ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWALK, RICHARD A			NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200			STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071			CITY- ST- ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, MARIA N			NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200			STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071			CITY- ST- ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBAN, PAUL			NAME	
STREET ADDRESS	1401 UNIVERSITY DR #200			STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071			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)(f), 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:  **N. Maria Menendez, Vice President** 4/28/05 (954) 753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #