


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000104302	
1. Entity Name 2425, INC.	

Principal Place of Business C/O GOLDMAN PROPERTIES 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	Mailing Address C/O GOLDMAN PROPERTIES 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139
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02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0313452	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINSON, EDWARD E 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139	DO NOT WRITE IN THIS SPACE
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDMAN, CHARLES J 804 OCEAN DRIVE - 2ND FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDMAN, R. ANTHONY 804 OCEAN DRIVE - 2ND FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COURTNEY, MARLO 804 OCEAN DRIVE - 2ND FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOLDMAN SREBNICK, JESSICA 804 OCEAN DRIVE - 2ND FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/12/05-80054-024 158.75

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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:	 CHARLES J. Goldman	3/3/05 (305) 531-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #