2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 8:00 am Secretary of State 03-25-2005 90040 021 ***150.00

1. Entity Nami	ROTHE					03-2:	5-2005 90040) 021 ***15	0.00
Principal Place PO BOX 8732 JUPITER, FL	2		Mailing Address PO BOX 8732 JUPITER, FL 33468-8732			50030729			
2. Principal PI	ace of Busin	Blud Amozis	3. Mailing Address 4521 P.G.A. Blud PMB 215						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01272005 Chg	-P CR2	2E034 (10/03)	
Palm Beach Cordens, Fl			Palm Beach Chardens, F/			4. FEI Number 20-0298162			oplied For ot Applicable
Zip 334		Country	33418	Country		5. Certificate of Status	Desired	\$8.75 Add Fee Require	
FANTO, FF 11134 OAK PALM BEA	RANK KWAY CI	e and Address of Current R RCLE DENS, FL 33410	7. Name and Address 110 Frank 10 Pox Number is Not A 11 Pox Number is Not A 12 Pox Number is Not A		d Agent	ž 0			
8. The above the obligati	named entit	y submits this statement for tered agent.	the purpose of changing its				State of Florida. 1	am familiar with,	and accept
SIGNATURE									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE . NAME	P FANTO, F	FRANK	☐ Delete	TITLE NAME	FAM	ito, Frank		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	PO BOX	8732 , FL 33468		STREET ADDRESS CITY-ST-ZIP	452	I PGA Blud	Gurdens.	4/ 3:	8418
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	,			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS				NAME Street Address					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					· ·
TITLE .			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	·. ·			NAME STREET ADDRESS					
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 peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an allachment with an address, bith all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone F									