. 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000114607 1. Entity Name

FILED
May 26, 2005 08:00 AM
Secretary of State

Principal Place of Business

4232 JACKSON STREET HOLLYWOOD, FL 33021 US

GLADYS SCHWESER, P.A.

Mailing Address

4232 IACKSON STREET HOLLYWOOD, FL 33021

US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

05132005	No Chg-P	CR2E034 (10/03)					
			Applied For				
4. FEI Number							
20-06104	142		Not Applicable				

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWESER, GLADYS 4232 JACKSON STREET HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

5/19/05

	· ·					· · · · · · · · · · · · · · · · · · ·		1 <u>1 </u>
	named entity submits this statement for the poons of registered agent.	urpose of changing its registered	l office or re	egistered agent, or bo	th, in the Sta	ite of Florida	. I am familia	ar with, and accept
O CONTRACT			. 27 9 6 ₹	· · · · · ·		1		، سند الاست <u>د</u> ار
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE. Registered /	Agent signature	required when reinstating)		:	DATE	
					· · · ·			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		 Election Campaign Finance Trust Fund Contribution. 	Election Campaign Financing Trust Fund Contribution. \$5.00 May 8 Added to Fees		In accord	dance with ion did not	s. 607.193(receive the	2)(b), F.S., the prior notice.
10.	OFFICERS AND DIREC	TORS -		·				
TITLE	Р							
NAME	SCHEWESER, GLADYS							
STREET ADDRESS	4232 JACKSON STREET							
CITY-ST-ZIP	HOLLYWOOD, FL 33021	ya				•		
TITLE								
NAME					UOL	0000364	3330	معاجم والمساء
STREET ADDRESS					05/26,	/05-80	003-002	150.00
CITY-ST-ZIP	المقدري	in'i yet 'Tang						•
TITLE								
NAME		i						
Street address		1		DO	NOT	T NA/E	ITE	
CITY+ST-ZIP				DO	IVU	AAL		
TITLE				INI '	THIS	CDA	CE	
NAME		1		11.4		JIF	IVL	
STREET ADDRESS		<u> </u>						
CITY-ST-ZIP				÷				
TITLE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
NAME								
STREET ADDRESS								
GITY-ST-ZIP								
TITLE								
NAME								
STREET ADDRESS		i						
CITY-ST-ZIP		<u> </u>			1445 1.25 1. S		<u>. =</u>	<u></u>
indicated of the cor	ertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	nd accurate and that my signatu I to execute this report as require	re shall hav	ve the same legal effe	ct as if made es; and that	under oath	: that I am an	officer or director