2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2005 8:00 am DOCUMENT # P03000135852 **Secretary of State** 1. Entity Name 02-02-2005 90040 038 ***150.00 ROBERT GAGNE, P.A. Principal Place of Business Mailing Address 1211 E BROWARD BLVD. FORT LAUDERDALE FL 33301 1211 E BROWARD BLVD. FORT LAUDERDALE EL 33301 3. Mailing Address Infinity Realty Group 119 N.5. 19 Ct. 1st MOORE CR2E034 (10/04) 2500 N.E. 15 Ave 4. FEI Number Applied For Ft. Lauderdale, 56-2416786 Not Applicable \$8.75 Additional 33305 5. Certificate of Status Desired U.S.A. U. S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 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 age FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE Robert Gagne 119 N.E. 19 Ct. # 1176 Wilton Manors, Fl. 33305 ☐ Addition GAGNE, ROBERT NAME NAME 1211 E-BROWARD BLVD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition Bagne, Robert 119 N.E. 19 Ct. # 1176 Wilton Manors Fl. 33305 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 exprowered.

FILED

Daytime Phone #