## 2005 FOR PROFIT CORPORATION

## **FILED** May 06, 2005 08:00 A Secretary of State

	ANNOAL	KEFUNI	<u> </u>		300	retary of Stat
1. Entity Name	MENT # P03000153					
Principal Place 704 NW 66TI MARGATE, FL	H AVENUE	Mailing Address 704 NW 66TH AVENUE MARGATE, FL 33063			<b>1</b>	ST OKKOB 1918) BURKU NDAK BUNTAH 19 PADY
DO NOT WRITE IN THIS SPACE				05032005 No Chg-P CR2E034 (10/03)  4. FEI Number		
	6. Name and Address of Current ROBERT 5TH AVENUE 1, FL 33063		DO NOT WRITE IN THIS SPACE			
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						
Du	LE NOWIN FEE IS \$550.00 ue by September 7, 2005	9. Election Campaign Fit Trust Fund Contribution	inancing \$5 on. \(\sigma\) Add	.00 May Be led to Fees		
TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MORRIS, ROBERT 704 NW 66TH AVENUE MARGATE, FL 33063	DIRECTORS	<u></u>		U0000036 5/06/05~80	4159 029-012 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				=	IOT WR	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	jês.	· · · · · · · · · · · · · · · · · · ·				
indicated of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address, the trustee empt of the control of the	itrue and accurate and that my sig owered to execute this report as re-	Productive shall have the equired by Chapter 607  Robout Mok	same legal effect as 7. Florida Slatutes, a	if made under oath	, that I am an officer or director if