2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000032494** 09-02-2005 90015 005 ***150.00 THE LAW OFFICE OF JORDAN M. SEEMAN, P.A. Principal Place of Business Mailing Address 8450 NW 31ST COURT 8450 NW 31ST COURT SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1219422 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name)ecman KOTZKER/SHAMY, PL 2724 WEST ATLANTIC BLVD. Street Add: (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL. 33069 City NAUSE 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 the obligations of red agent. SIGNATURE r printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May 8e FILE NOW! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition SEEMAN, JORDAN NAME NAME **8450 NW 31ST COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change noitibhA . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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 anyeddress, with all other like empowered. SIGNATURE:

FILED