

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/21/2005-90004-018-\$158.75-\$158.75



FILED

05 JUL 21 AM 10:00

TALLAHASSEE, FLORIDA



06152005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|-----------------------------------|--|--|---|--|
| DOCUMENT # P04000037041 | | | |  | |
| 1. Entity Name FLAVA SQUAD ENTERTAINMENT, INCORPORATION | | | | | |
| Principal Place of Business 6207 WEST RIDGEWOOD AVENUE ORLANDO, FL 32835 | | | Mailing Address 6207 WEST RIDGEWOOD AVENUE ORLANDO, FL 32835 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1211656 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MCRAE, CHARLES 6207 WEST RIDGEWOOD AVENUE ORLANDO, FL 32835 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL 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 agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | MCRAE, CHARLES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCRAE, CHARLES | | NAME | 6207 WEST RIDGEWOOD AVENUE | |
| STREET ADDRESS | 6207 WEST RIDGEWOOD AVENUE | | STREET ADDRESS | ORLANDO, FL 32835 | |
| CITY-ST-ZIP | ORLANDO, FL 32835 | | CITY-ST-ZIP | ORLANDO, FL 32835 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARKE, MARLON | | NAME | | |
| STREET ADDRESS | 4563 LAVISTA DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32808 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowered. | | | | | |
| SIGNATURE:  | | | PRESIDENT 6-15-05 14071293-5141 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT

40088973

P04000037041

LINE: 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PLEASE ADD THE BELOW OFFICER TO THE CORPORATION.

TITLE: VPD

NAME: MCRAE, SELVIN

ADDRESS; 6207 WEST RIDGEWOOD AVENUE
ORLANDO, FLORIDA 32835