

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90159 008 \*\*\*150.00

**50024493**



<b>DOCUMENT # P04000068995</b> 1. Entity Name <b>FIVEPACK REALTY CORP.</b>																																																																																																																																																					
Principal Place of Business <b>7802 HOFFY CIRCLE LAKE WORTH, FL 33467</b>			Mailing Address <b>7802 HOFFY CIRCLE LAKE WORTH, FL 33467</b>																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01182005    Chg-P    CR2E034 (10/03)  4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-1054127</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																																																																	
City & State		City & State																																																																																																																																																			
Zip	Country	Zip	Country																																																																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MOSKOWITZ, STUART 7802 HOFFY CIRCLE LAKE WORTH, FL 33467</b>																																																																																																																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">MOSKOWITZ, STUART</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">214 WEST 29TH STREET</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">NEW YORK, NY 10001</td> </tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> </table>						TITLE	P	<input type="checkbox"/> Delete	NAME	MOSKOWITZ, STUART	STREET ADDRESS	214 WEST 29TH STREET	CITY-ST-ZIP	NEW YORK, NY 10001																																																																11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;"></td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;"></td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;"></td> </tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> <tr><td colspan="9"> </td></tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP																																																														
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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.						<b>SIGNATURE:</b>																																																																																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date: <b>3/4/05</b> Daytime Phone #: <b>917-816-2674</b>																																																																																																																																															