
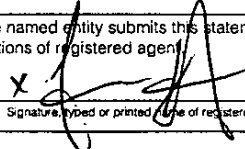
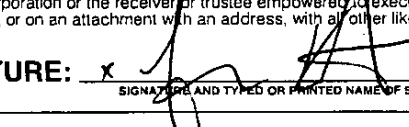


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90111 006 \*\*\*150.00

<b>DOCUMENT # P04000087815</b> 1. Entity Name <b>BUZZMAN ROLLOUT AWNINGS OF DADE COUNTY, INC.</b>					
Principal Place of Business <b>3618 LANTANA ROAD SUITE 201 LAKE WORTH, FL 33462</b>			Mailing Address <b>3618 LANTANA ROAD SUITE 201 LAKE WORTH, FL 33462</b>		
2. Principal Place of Business <b>7172 Colony Club Drive</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>7172 Colony Club Drive</b> Suite, Apt. #, etc. <b>101</b>			
City & State <b>Lake Worth, FL</b>		City & State <b>Lake Worth, FL</b>		4. FEI Number <b>20-1250268</b>	
Zip <b>33463</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KROST, STUART 3618 LANTANA ROAD SUITE 201 LAKE WORTH, FL 33462</b>				7. Name and Address of New Registered Agent Name <b>Krost, Larry</b> Street Address (P.O. Box Number is Not Acceptable) <b>7172 Colony Club Drive #101</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33463</b>	
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  x <b>3/9/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME KROST, STUART STREET ADDRESS 3618 LANTANA ROAD, SUITE 201 CITY-ST-ZIP LAKE WORTH, FL 33462	<input type="checkbox"/> Delete		TITLE Secretary NAME Krost, Stuart STREET ADDRESS 10394 LA Reina Road CITY-ST-ZIP Delray Beach, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KROST, LARRY STREET ADDRESS 3618 LANTANA ROAD, SUITE 201 CITY-ST-ZIP LAKE WORTH, FL 33462	<input type="checkbox"/> Delete		TITLE President NAME Krost, Larry STREET ADDRESS 7172 Colony Club Drive Suite 101 CITY-ST-ZIP Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  x			Date <b>3/9/05</b> Daytime Phone #		

**50026095**



02212005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

Additional Fee Required

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KROST, STUART	
STREET ADDRESS	3618 LANTANA ROAD, SUITE 201	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KROST, LARRY	
STREET ADDRESS	3618 LANTANA ROAD, SUITE 201	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krost, Stuart	
STREET ADDRESS	10394 LA Reina Road	
CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krost, Larry	
STREET ADDRESS	7172 Colony Club Drive Suite 101	
CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/9/05

Date Daytime Phone #