2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP HALL, GREGORY 1660 NW, 98TH TERR. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		MENT # P040009(AP, INC.	0015				08-25-2005	90003 011 ***	·158.75
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City & State 4. FEI Number 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Rame Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement let the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable by September 1, 2005 File NOWITI FEE IS \$150.00 Due by September 7, 2005 9. Election Campsign Financing Thus Fund Contribution. Design Title NAME STREET ADDRESS CITY-ST-2P PEMBROKE PINES, FL 33024 Title NAME STREET ADDRESS CITY-ST-2P Design Desi	2. Principal Place of Business		3. Mailing Address						
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Signature Sign	City & State		City & State		4. FEI Number	-246510	25		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERAI P.A. 1840 SW 22ND ST: 4TH FLOOR MIAMI, FL 33145 City FL Zip Code 8. The above named entity submits the parameter in the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in	Zip	Country	Zip	Couni	ltry	ì		\$8.75	Additional
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12. Thereby 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 level effect as if mode under onthe that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same level effect as if mode under onthe that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same level effect as if mode under onthe that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same level effect as if mode under onthe that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same level effect as if mode under onthe true information indicated on this report or supplemental report is true and accurate and that my signature shall have the same level effect as if mode under onthe true information indicated on the same level effect as if mode under onthe true information indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same level effect as if mode under onthe true indicated on the same le	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ Delete ☐ Delete ☐ Delete	NAME STREE CITY TITLE NAME STREE STREE NAME STREE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP E E E EET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			Cha	ange Addition ange Addition

of the corporation or the receiver or trustee empowered this 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 greatly the receiver or trustee empowered to greatly an address, with all other like empowered.

SIGNATURE:

INTED HAME OF SIGNING OFFICER OR DIRECTOR

954 605 44174