2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

Principal Place of Business POST OFFICE BOX 550331 FT. LAUDERDALE, FL 33355 FT. LAUDERDALE, FL 33355 POST OFFICE BOX 550331 FT. LAUDERDALE, FL 33355 FT. LAUDERDALE, FL 33355 2. Principal Place of Business Suite, Apt. #, etc. O1122005 Chg.P CR2E034 (10/03) City & State D'ALESSANDRO, RICHARD FILE NOWITY Street Address of New Registered Agent City Street Address (P.O. Box Number is Not Acceptable) PATE FILE NOWITY FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 PATE FILE NOWITY FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 POST OFFICERS AND DIRECTORS TILL NAME D'ALESSANDRO, RICHARD PATE FILE NOWITY FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 POST OFFICERS AND DIRECTORS TILL NAME D'ALESSANDRO, RICHARD PATE NAME PATE NA	1. Entity Nam	ne	# PU4UUU! OPMENT OF DA		H, INC.				02-28-20	05 902	203 048	3 ***150.0	00	
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City & State Applied For Not Applicat Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name D'ALESSANDRO, RICHARD 4042 WEST LAKE ESTATES DRIVE DAVIE, FL 33328 City 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 acceptable of the obligations of registered agent. Signature, typed or punied name of registered agent and title if applicable. FILE NOWIT FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D Delete TILE Change Additional Application Additional Security Applied For Inval App	2. Principal F	Place of Busin	ness	3. Mailin	3. Mailing Address									
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D'ALESSANDRO, RICHARD 4042 WEST LAKE ESTATES DRIVE DAVIE, FL 33328 City FL Zip Code 6. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 PEL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code (NOTE: Repetered Agent agreeture required whom rematizing) PATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE D Delate	City & Stat	te		City &	State			4. FEI Num	-/S15	୫୦	<u>ڪَ</u>	<u> </u>	Applied For Not Applicable	
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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 directed of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	l Indicater	d on this reno	nat latnemeldaus to th	vort is trule and a	ccurate and that	my sinna	ature shall have	ine same legal el	tect as u mada	under (My nam /	oatn; that e appear	am an offic s in Block 10	er or director or Block 11 if	