

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

04-20-2005 90325 003 ***150.00

DOCUMENT # P04000097514 1. Entity Name FLORINA INVESTMENTS, INC.			
Principal Place of Business 8494 VIA SERENA BOCA RATON, FL 33433		Mailing Address 8494 VIA SERENA BOCA RATON, FL 33433	
2. Principal Place of Business 8830 Wellington View Dr Suite, Apt. #, etc.		3. Mailing Address 8830 Wellington View Dr Suite, Apt. #, etc.	
City & State West Palm Beach FL Zip 33411		City & State West Palm Beach FL Zip 33411	
Country US		Country USA	
4. FEI Number 20-1331748		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, CRAIG 8494 VIA SERENA BOCA RATON, FL 33433		7. Name and Address of New Registered Agent 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 renewing) DATE: 7-7-05			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete LEVINE, CRAIG 8494 VIA SERENA BOCA RATON, FL 33433	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LEVINE, CRAIG 8830 Wellington View Drive West Palm Beach FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete KAUFMAN, ROGER S 8494 VIA SERENA BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete KAUFMAN, ROGER S 8494 VIA SERENA BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:		Date: 7-15-05 561-876-4248	

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