

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90009 039 \*\*\*150.00

<b>DOCUMENT # P04000098275</b> 1. Entity Name <b>FORECLOSURE REFUND CORPORATION</b>					
Principal Place of Business <b>1126 SOUTH FEDERAL HIGHWAY #431 FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>1126 SOUTH FEDERAL HIGHWAY #431 FORT LAUDERDALE, FL 33316</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>03-0545509</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HIKIN, BARRY 3255 N.W. 104 TERRACE SUNRISE, FL 33351</b>				7. Name and Address of New Registered Agent Name <b>Leigh C. Katzman, Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>1501 NW 49 STREET #202</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE <b>1/5/05</b>	
<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"/> <b>\$5.00</b> 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	P HIKIN, BARRY 1126 SOUTH FEDERAL HIGHWAY #431 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete			
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: <i>[Signature]</i> <b>President BARRY HIKIN</b>				Date <b>1-5-05</b> Daytime Phone # <b>(954) 263-1011</b>	