2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR

## Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P04000121500 1. Entity Name 04-26-2005 90136 012 \*\*\*150.00 UPPER LEVEL DEVELOPMENT, INC. Mailing Address Principal Place of Business 714 SE 3RD CT DANIA BEACH FL 33004 714 SE 3RD CT DANIA BEACH FL 33004 2. Principal Place of Business NE OLIVE WA ) ame Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Numbe Applied For City & State Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOSEPH, CYNTHIA O. Box Number is Not Acceptable) 714 SE 3RD CT OLIL DANIA BEACH FL 33004 City ATOM 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. the obligations of agistered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Change ☐ Addition TITLE ☐ Delete TITLE ERIL JOSEPH JOSEPH, ERIC NAME NAME 714 SE 3RD CT N. B OLIVE WA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL 33004 CITY-ST-ZIP Addition TITLE Delete TITLE JOSEPH, CYNTHIA NAME NAME STREET ADDRESS 714 SE 3RD CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DANIA BEACH FL 33004 ☐ Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED