2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 22, 2005 8:00 am Secretary of State

Principal Piace of Business 2801 N UNIVERSITY OR SUITE 301 CORAL SPRINGS, IT 33065 2. Principal Piace of Business Suits, Apt. #, etc. 2. Principal Piace of Business Suits, Apt. #, etc. 3. Malling Address of Suits, Apt. #, etc. 3. Malling Address of Country Coy. #, State 2. Principal Piace of Business Suits, Apt. #, etc. 3. Malling Address of Country Coy. #, State 2. Principal Piace of Business Suits, Apt. #, etc. 3. Malling Address of Country Coy. #, State 2. Principal Piace of Business Suits, Apt. #, etc. 3. Malling Address of Country Coy. #, State 2. Principal Piace of Business Coy. #, State Coy. #, State 2. Principal Piace of State of State of State of State of Piace of Business File Regulated 3. Malling Address of Country Roy #, State State of State of State of State of State of Piace of Business Roy #, State State of Regulated Roy #, Ro	DOCUMENT # P04000127441 1. Entity Name SIEGELAUB & ASSOCIATES, P.A.					04-22-2005 90284 030 ***150.00				
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Suite, Apt. #, etc. City & State City & City & City & State City & City	2. Principal P	face of Business	3. Mailing Address	ing Address						
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Zip Country Zip Country S. Country S. Country S. Country S. Conflictate of Status Desired S. S. S. Additional Fee Required G. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name SIEGELAUB, STEVEN SIEGELAUB, STEVEN City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered a				Cib. 9 Septe					nolled For	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	SIEGELAU	JB. STEVEN	Name							
City	2801 N UNIVERSITY DR SUITE 301				Street Address (P.O. Box Number Is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signat	0010/2 01 NINO0, 1 E 30000									
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12. I hereby certify that the information supplied with this filling 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 affect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			NAA STR CITY	ME Leet adoress Y-ST-ZIP					

of the corporation of 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.