

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90026 036 ***150.00

DOCUMENT # P04000141361 1. Entity Name MESBER AGENCY, INC.					
Principal Place of Business 6881 BAY DRIVE APT 18 MIAMI BEACH, FL 33141 US			Mailing Address 6881 BAY DRIVE APT 18 MIAMI BEACH, FL 33141 US		
2. Principal Place of Business <i>1620 West Avenue</i>			3. Mailing Address <i>1620 West Avenue</i>		
Suite, Apt. #, etc. <i>602</i>			Suite, Apt. #, etc. <i>602</i>		
City & State <i>Miami Beach, Florida</i>			City & State <i>Miami Beach, Florida</i>		
Zip <i>33139</i>		Country <i>USA</i>		Zip <i>33139</i>	
Country <i>USA</i>		4. FEI Number 76-0777136			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MESBER, CARLOS A 6881 BAY DRIVE APT 18 MIAMI BEACH, FL 33141			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P MESBER, CARLOS A 6881 BAY DRIVE, APT 18 MIAMI BEACH, FL 33141			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1620 West Avenue #602</i> <i>Miami Beach, FL 33139</i>		
Delete			Delete		
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Delete			Delete		
Delete			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: _____ Date: <i>7/15/05</i> Daytime Phone # _____					