2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90552 018 ***150.00

DOCUMENT # P04000142055 1. Entity Name ROBERT M. WAGNER JR., INC.					4.40	_	0.00	
Principal Place of Business Mailing Address					140	15183		
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595 WEST PROSPECT ROAD			595 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309					
FT. LAUDERDALE, FL. 33309		FI. DAUDENDALE, FC 33	FI. DAUDENDALE, PL 33303					
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Principal Place of Business 3		3. Mailing Address	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)		
				03072005	Ong i	O112E004 (10705)		
City & State		City & State		4. FEI Number		. —	pplied For	
				20-1	778451		ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad		
	6. Name and Address of Current	Registered Agent	1	7. Nama and	Address of New R			
			Name	Hollo Blac		-a.s.c.co Agent		
WAGNER, ROBERT								
595 PROSPECT ROAD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE, FL 33309			-					
			City			FL Zip Coo	de	
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								
	ions of registered agent.	or the purpose of changing its re	sgistered office of	registered agent, or no	itit, in the State of Fig	onda. Fani laminar with	, апо ассерс	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:)	registered Agent signatur	e required when reinstating)		DATE		
FILE NOWI!! 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 OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	Р	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	WAGNER, ROBERT M		NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP					
TITLE		☐ Delete	TIFLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Defete	πιε			Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME CTREET APPROPRIE	t-		NAME CTREET ADDRESS					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		Tie Doloto	·•					
TITLE	· · · · · ·	Descie	TITLE			☐ Change	☐ Addition	
NAME DESCRIPTION		e ^{te} jt.	NAME CIDEET ADDRESSES	J 147 10				
STREET ADDRESS	1	+ •	_STREET ADDRESS	-				
CITY+\$T-ZIP	<u> </u>		(0111-31-41F					

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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 4