

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90158 043 ***150.00

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04212005 Chg-P CR2E034 (10/03)

4. FEI Number **58-0708355** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, LESLIE A
15500 ROOSEVELT BLVD STE 301
CLEARWATER, FL 33760

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
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 OFFICERS AND DIRECTORS IN 11

TITLE CEO ☒ Delete
NAME RUBIN, MYER
STREET ADDRESS 1180 MILMER DR. NW
CITY-ST-ZIP ATLANTA, GA 30327

TITLE **CEO / D / P** ☐ Change ☒ Addition
NAME **Kahn, Michael**
STREET ADDRESS **2125 Mellor Lane SW**
CITY-ST-ZIP **Marietta GA 30064**

TITLE DP ☒ Delete
NAME KAHN, RALPH
STREET ADDRESS 5171 HOLLAND CT.
CITY-ST-ZIP DUNWOODY, GA 30338

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RUBIN, LESLIE
STREET ADDRESS 15500 ROOSEVELT BLVD., STE. 301
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE **V / S / D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COBS ☐ Delete
NAME RUBIN, PEGGY M
STREET ADDRESS 6140 RIVER CHASE CIR. NW
CITY-ST-ZIP ATLANTA, GA 30328

TITLE **COB / D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUBIN, DONNA
STREET ADDRESS 2945 COLES WAY
CITY-ST-ZIP ATLANTA, GA 30350

TITLE **CFO / D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Leslie A Rubin 4-21-05 727-530-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #