
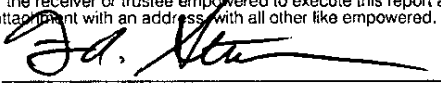


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90079 048 \*\*\*150.00

<b>DOCUMENT # P28075</b>																																																																																																																																			
<b>1. Entity Name</b> CONSUMER RESEARCH SERVICES, INC.																																																																																																																																			
<b>Principal Place of Business</b> 12350 NORTHWEST 39TH STREET CORAL SPRINGS, FL 33065			<b>Mailing Address</b> C/O VNO INC., ATTN: TAX DEPT. 770 BROADWAY NEW YORK, NY 10003 US																																																																																																																																
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																																																	
Suite, Apt. #, etc.		c/o VNO Inc., Attn: Tax Dept.																																																																																																																																	
City & State		City & State		02222005    Chg-P    CR2E034 (10/03)																																																																																																																															
Zip		Zip		4. FEI Number 22-2982129																																																																																																																															
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																															
10003		USA																																																																																																																																	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code																																																																																																																																
<b>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.</b>																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASTRELLI, THOMAS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSS, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GERSKY, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEINMANN, FREDERICK A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASTRELLI, THOMAS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSS, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GERSKY, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEINMANN, FREDERICK A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	MASTRELLI, THOMAS A		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE	S	<input type="checkbox"/> Delete	NAME	ROSS, JAMES		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE	T	<input type="checkbox"/> Delete	NAME	GERSKY, PETER		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE	VP	<input type="checkbox"/> Delete	NAME	STEINMANN, FREDERICK A		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASTRELLI, THOMAS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSS, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GERSKY, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEINMANN, FREDERICK A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 BROADWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10003</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	MASTRELLI, THOMAS A		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE	S	<input type="checkbox"/> Delete	NAME	ROSS, JAMES		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE	T	<input type="checkbox"/> Delete	NAME	GERSKY, PETER		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE	VP	<input type="checkbox"/> Delete	NAME	STEINMANN, FREDERICK A		STREET ADDRESS	770 BROADWAY		CITY-ST-ZIP	NEW YORK, NY 10003		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP												
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																	
NAME	MASTRELLI, THOMAS A																																																																																																																																		
STREET ADDRESS	770 BROADWAY																																																																																																																																		
CITY-ST-ZIP	NEW YORK, NY 10003																																																																																																																																		
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																	
NAME	ROSS, JAMES																																																																																																																																		
STREET ADDRESS	770 BROADWAY																																																																																																																																		
CITY-ST-ZIP	NEW YORK, NY 10003																																																																																																																																		
TITLE	T	<input type="checkbox"/> Delete																																																																																																																																	
NAME	GERSKY, PETER																																																																																																																																		
STREET ADDRESS	770 BROADWAY																																																																																																																																		
CITY-ST-ZIP	NEW YORK, NY 10003																																																																																																																																		
TITLE	VP	<input type="checkbox"/> Delete																																																																																																																																	
NAME	STEINMANN, FREDERICK A																																																																																																																																		
STREET ADDRESS	770 BROADWAY																																																																																																																																		
CITY-ST-ZIP	NEW YORK, NY 10003																																																																																																																																		
TITLE		<input type="checkbox"/> Delete																																																																																																																																	
NAME																																																																																																																																			
STREET ADDRESS																																																																																																																																			
CITY-ST-ZIP																																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																																	
NAME																																																																																																																																			
STREET ADDRESS																																																																																																																																			
CITY-ST-ZIP																																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																	
NAME																																																																																																																																			
STREET ADDRESS																																																																																																																																			
CITY-ST-ZIP																																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																	
NAME																																																																																																																																			
STREET ADDRESS																																																																																																																																			
CITY-ST-ZIP																																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																	
NAME																																																																																																																																			
STREET ADDRESS																																																																																																																																			
CITY-ST-ZIP																																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																	
NAME																																																																																																																																			
STREET ADDRESS																																																																																																																																			
CITY-ST-ZIP																																																																																																																																			
<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b>  <b>Frederick A. Steinmann, V.P.</b> 3/22/05    646-654-4906																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #																																																																																																																																			