## FILED Jan 13, 2005 8:00 am Secretary of State

01-13-2005 90013 001 \*1.350.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

		ANNUAL	REFURI					01-13-2005 90	0013 001	. *1,330.0	<i>I</i> U
DOCUN  1. Entity Name METEOR	3	# P37263 s, INC.									
Principal Place	of Business		Mailing Address								
2300 N. STAT			2300 N. STATE RD 7			1		eenn	0080		
HOLLYWOOD, FL 33021			HOLLYWOOD, FL 33021					υυσσ	UUUU		
						1		())     <b>                                   </b>			
2. Principal Pla	ace of Busine	ess	3. Mailing Address								
							* 1223991 122				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Į	01052005	Chg-P	CR2E03	34 (10/03)	
City & State			City & State				4. FEI Numbe	г		Apr	olied For
							11-1727	7838			Applicable
Zip	1	Country	Zip	Coun	try		5. Certificate	of Status Desired		<b>\$8.75</b> Addi Fee Required	
	6. Name	and Address of Current	Registered Agent	L			7. Name and	Address of New R			
					Name			<del></del> -			
ALTOMARI 2300 N. ST			Street Addre			Idress (F	P.O. Box Numbe	er is Not Acceptable	e)		
HOLLYWO											
					City				FL	Zip Code	<b>;</b>
	named entity ions of regist		or the purpose of changing its	register	ed office or	register	ed agent, or bot	h, in the State of Flo	orida. Tam f	amiliar with,	and accept
SIGNATURE_											
0.0111101122	Signature, typed	or printed name of registered agen	iON) ekksalage li elld bre l	E: Hegislere	d Agent signatur	re required	when (exhibitating)		DATE		
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550	9. Election Campa Trust Fund Con				00 May Be ed to Fees				_
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND		
TITLE	PD		☐ Delete	TITL						Change	Addition
NAME STREET ADDRESS	2INN, CR	TAIG M STATE ROAD 7		NAA STR	al: Eet address						
CITY-ST-ZIP	l	OOD, FL 33021		CIT	Y-ST-ZIP						
TITLE	SD		Delete	tm	.E	SD				☐ Change	X Addition
NAME	1	, JONI NOVAK	•-	NAM	AE Leet address	1	KE, PATE				
STREET ADDRESS CITY-ST-#P		STATE ROAD 7 OOD, FL 33021			Y-ST-7IP			ATE ROAD 7			
TITLE	VPD	000,12 00021	Delete		LE	H()).	LI Y WLZUIZ	FL_33021		Change	☐ Addition
NAME	STAMPO	NE, TONY		NAI	ME						
STREET ADDRESS	1	STATE RD 7		_	REET ADDRESS						
CITY-ST-ZIP	HOLLYW	OOD, FL 33021		-1-	Y-ST-ZIP	<b>├</b>				Change	Addition
TITLE NAME			Delete	TIT AM						L_) Unange	L. AUUIRUN
STREET ADDRESS	}				REET ADDRESS						
CITY-ST-ZIP	<u> </u>			CII	Y-SI-ZIP	<u> </u>					
∓ITU F.	1		☐ Delete	tii		ļ				☐ Change	☐ Addition
STREET ADDRESS					me Reet address						
CITY-ST-ZIP					TY-ST-ZIP		_				
TITLE			☐ Delete	fi			<del>-</del>		_	☐ Change	Addition
HAME.					ME						
STREET ADDRESS CITY-ST-ZIP					reet address Ty-st-zjp	1					
12. I hereby indicate of the co	d on this rep propration or	ort or supplemental repor the receiver or trustee en	with this filing does not qualify t is true and accurate and that ppowered to execute this repo s, with all other like empowere	for the ex t my sign	emption sta	have the	same lanal elle	sci as il made iliode	r natn: Inai i	гагпап отке	er or unecioi
SIGNA		Patrice	& Care	e .	OYOR .		\	2005	٩	SY 967	1-4109
1		SIGNATURE AND TYPED (	OR PRINTED NAME OF SIGNING OFFIC	OH WHE	- COM			, 1 D			