2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # P93000007234 1. Entity Name 02-02-2005 90078 031 ***158.75 551, INC. Principal Place of Business Mailing Address 551 E. PALMETTO PARK RD. BOCA RATON FL 33432 3001 E OAKLAND PARK BLVD. FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address One Commercial Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) auderda City & State Applied For City & State 4. FEI Number 65-0383030 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, PETER Street Address (P.O. Box Number is Not Acceptable) 3001 EAST OAKLAND PARK BOULEVARD **OAKLAND PARK FL 33306-1817** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Defete TITLE Aeter Beck BECK, PETER NAME one commercial Blud 3001 EAST OAKLAND PR STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete BILLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of suppliemental 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 feceiver or flustee 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 attacl

SIGNATURE:

FILED