## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P93000009974** 04-18-2005 90324 048 \*\*\*150.00 TUBBS & BARTNICK, P.A. Mailing Address Principal Place of Business 20037603 2300 GLADES ROAD 2300 GLADES ROAD SUITE 415 EAST SUITE 415 EAST BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0385759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGG W. MCCLOSKY MATTLIN & MCCLOSKY, P.A. Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES RD. 2300 GLADES RD S400 E TOWER BOCA RATON, FL 33431 SUITE 400 EAST TOWER City BOCA RATON 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE. Signature, typed or printe (NOTE: Registered Agent signature required when reinstating) ction Campaign Financing FILE NOW!!! FEE/S \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be $\Box$ ust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, DP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARTNICK, STANLEY NAME NAME 2300 GLADES RD \$415 E STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP BOCA RATON, FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE TUBBS, STEVEN R NAME NAME STREET ADDRESS 2300 GLADES RD S 415 E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 DV-- -TITLE - Delete Change . . . Addition STEIN, ZOLTAN NAME NAME 2300 GLADES RD S415 E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-SI-ZIP

TITLE

NAMÉ

TITE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

Addition

☐ Addition

**FILED**