2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000015664

FILED Jan 12, 2005 8:00 am Secretary of State 01-12-2005 90007 039 ***150.00

	ERS, INC.						
Principal Place of Busin 10195 SW 186 STRE SUITE #A MIAMI, FL 33157		Mailing Address 10195 SW 186 STREET SUITE #A MIAMI, FL 33157					
2. Principal Place of Br	usiness	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0106200	5 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Nun 65-04	nber 127101		oplied For of Applicable
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	\$8.75 Ad	ditional
6. Na	ame and Address of Curre	nt Registered Agent		7. Name a	nd Address of New R	egistered Agent	
ORLANDO ARRO	Name	MAKOLD KILEY					
10556 NW 26 STREET SUITE 203			Street Add		nber is Not Acceptable		
MIAMI, FL 33172	11 +4 City NA	5 8W	102 AVE				
8. The above named entity spongits this statement for the purpose of changing its regi			<u> </u>	A MI	hoth in the State of Ele	FL 33	176
the obligations of		t to the purpose of changing its	registeres office of re	gistered agent, or i	DOM: NI IIIO SIGIE GITTE	And Annual Will	and accept
SIGNATURE Signature, t	typed or physical name of registered ag	pert and little if applicable. (NOT)	E: 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 Fin Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS A	ND DIRECTORS	11.	ADDITION	IS/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE PD RILEY	, ELIZABETH	☐ Delete	TITLE NAME			☐ Change	
1	SW 102 AVE						Addition
L	, FL 33176		STREET ADDRESS		,	_ Grange	☐ Addition
			STREET ADDRESS CITY-ST-ZIP		,		☐ Addition
TITLE VTD	, HABOLD	☐ Delete	CITY-ST-ZIP		·	☐ Change	Addition Addition
NAME RILEY	, HAROLD SW 102 AVE	☐ Delete	CITY-\$T-ZIP	' - <u>.</u>			
NAME RILEY STREET ADDRESS: 11745		Delete	CITY-ST-ZIP TITLE NAME	%			
NAME RILEY STREET ADDRESS 11745 CITY-ST-ZIP MIAM! TITLE SD	SW 102 AVE I, FL 33176	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	'			
NAME RILEY STREET ADDRESS 11745 CITY-ST-ZIP MIAMI TITLE SD NAME RILEY	SW 102 AVE 1, FL 33176 7, ROCIO	New Parameter	CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	' 2		☐ Change	☐ Addition
NAME RILEY STREET ADDRESS 11745 CITY-ST-ZIP MIAMI TITLE SD NAME RILEY STREET ADDRESS 11745	SW 102 AVE I, FL 33176	New Parameter	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	', 2	·	☐ Change	☐ Addition
NAME RILEY STREET ADDRESS 11745 CITY-ST-ZIP MIAMI TITLE SD NAME RILEY STREET ADDRESS 11745	SW 102 AVE 1, FL 33176 7, ROCIO SW 102ND AVE	New Parameter	CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	', =		☐ Change	☐ Addition
NAME RILEY STREET ADDRESS 11745 CITY-ST-ZIP MIAMI TITLE SD NAME RILEY STREET ADDRESS 11745 CITY-ST-ZIP MIAMI TITLE NAME	SW 102 AVE 1, FL 33176 7, ROCIO SW 102ND AVE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition Addition
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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 shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or further empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all optor like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING

5 3052524610

Daytime Phone