

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90075 034 ***150.00

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01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0452328

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLACKBURN, ACE J JR
COONEY, MATTSO, LANCE, BLACKBURN, RICHARD
2312 WILTON DR.
FORT LAUDERDALE, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLACKBURN, JR. A
STREET ADDRESS	645 E. DANIA BEACH BLVD.
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	VSD
NAME	ECONOMOU, C
STREET ADDRESS	645 E. DANIA BEACH BLVD.
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	WAGNER, J
STREET ADDRESS	645 E. DANIA BEACH BLVD.
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	MORFIDIS, G
STREET ADDRESS	645 E. DANIA BEACH BLVD.
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-8-05 Daytime Phone # _____