

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90154 035 ***150.00

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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0456067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GINSBERG, VICTOR
3500 GALT OCEAN DR.
APT. 1517
FORT LAUDERDALE, FL 33308

**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 _____ (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	D
NAME	GINSBERG, FRANCES
STREET ADDRESS	3500 GALT OCEAN DR., APT. 1517
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	GINSBERG, VICTOR
STREET ADDRESS	3500 GALT OCEAN DR., APT. 1517
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VD
NAME	KLIGLER, LENNARD J
STREET ADDRESS	1810 BARTLETT CT
CITY-ST-ZIP	W PALM BEACH, FL
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 an officer empowered.

SIGNATURE: _____ Date: 4/24/05 Daytime Phone # _____