## 2005 FOR PROFIT CORPORATION

## **FILED** AM

ANNUAL REPORT				Apr 29, 2005 08:00 A			
1. Entity Nan	MENT # P9300008382			Sec	retary of State		
Principal Place of Business Mailing Address 255 ALHAMBRA CIRCLE SUITE #1100 S-#1100 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134			US				
	OO NOT WRITE II	CE	04222005 No Chg-P CR2E034 (10/03)				
<del></del>	6. Name and Address of Current Regis	]		_			
PHILIP F BLUMBERG 255 ALHAMBRA CIR S #1100 CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE				
8. The above	named entity submits this statement for the patients of registered agent.	ourpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept	
SIGNATURE.		if applicable (NOTE Registere	d Agent signature required	when reinstaling)	<del></del>	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				00 May Be			
10.	OFFICERS AND DIRE	CTORS		<del></del>		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMBERG, PHILIP 255 ALHAMBRA CIRCLE S#1100 CORAL GABLES, FL		<u>-</u> -		<u> </u>	1344559 80141-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i. = .		114/25/05~	-80141-019 15 <b>0.0</b> 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ī_ ·	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E ET ADDRESS			- IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 recent 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 of the receiver or trusted 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 approvated.

Philip F. Blumberg, SIGNATURE:

CITY-\$1-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

April 25, 2005

305.569.9500

Date

Daytime Phone #