

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000085394

1. Entity Name
KANTER INVESTMENTS, INC.



FILED
05 APR 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9852 WINDISCH RD
W. CHESTER, OH 45069 US**

Mailing Address
**9852 WINDISCH RD
W. CHESTER, OH 45069 US**

2. Principal Place of Business
4770 Biscayne Blvd.

3. Mailing Address
4770 Biscayne Blvd.

Suite, Apt. #, etc.
Suite 1150

City & State
Miami, FL

Zip
33137

Country
USA



04252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

4. FEI Number
58-2085504

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name
CORPDIRECT AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
103 North Meridian Street

Lower Level

City
Tallahassee

FL

Zip Code
32301

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]* **4-27-05**
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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANTER, JOSEPH H 4770 BISCAYNE BLVD #1150 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John E. Kanter 4770 Biscayne Blvd, #1150 Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WILDERMUTH, R E 9852 WINDISCH RD W. CHESTER, OH 45069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nancy R Kanter 4770 Biscayne Blvd., #1150 Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ellen Berkman 4770 Biscayne Blvd, #1150 Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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]* **John E. Kanter** **4-26-05** **3055764310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #