2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000031363

1. Entity Name
KRESSE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
44 WEST FLAGLER STREET 300 MIAMI, FL 33130	44 WEST FLAGLER ST 300 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

02182005   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0489090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAXON, KYLE R
1700 ALFRED I. DUPONT BLDG.
169 E. FLAGLER ST.
MIAMI, FL 33131

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	PVST
NAME	KRESSE, THOMAS J
STREET ADDRESS	44 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000268649
03/18/05-80051-003 150.00

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: _X_ _____ THOMAS J. KRESSE _1-15-05_ _305 371-7692_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #