## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT	,	-	Apr 18	5, 2005	08:00
DOCU	IMENT # P94000037			Seci	retary	of State	
1. Entity Nar	ne LONK & ASSOCIATES, INC.						
""		=		}			
Principal Plac	ce of Business	Mailing Address	3 141				
1030 LAKE	AVE SUITE C	1030 LAKE AVE SUITE C					
LAKE WORT	H, FL 33460 _	··· LAKE WORTH, FL 33460					
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				01042005	No Chg-P	CR2E034 (10	0/03)
<b>.</b>	O NOT WRITE	in this spa	<b>CE</b>	4. FEI Number	<del></del>		Applied For
				65-04948		<u>\$8.7</u>	Not Applicable  5 Additional
				5. Certificate of S	Status Desired		equired
	6. Name and Address of Current R	egistered Agent	Particularing the following th				
ELBLONK	C, IRA E AVE SUITE C		**************************************	DO N	IOT WI	RITE	
	RTH, FL 33460		tapanna. Marana	Alabama and Alabam	HIS SP		
				1879 1.3	.81%) \	to the same	
8. The above	named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or both, i	n the State of Flori	da. I am familiar	with, and accept
	tions of registered agent.						,
SIGNATURE.	Signature, typed or printed name of registered agent and	Tille i applicable. NOTE Registere	d Agent signature required	when (e nstat na)		DATE	<del></del>
			<del></del>	7			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution		00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	*	ygrania in an initili	<del>Yangayan kalaba</del> Babbbara Lilaba		amor Alabertaine.
TITLE NAME	ELBLONK, IRA	•					1
STREET ADDRESS CITY-ST-ZIP	1030 LAKE AVE SUITE C	• .				12288	in the second
TITLE	LAKE WORTH, FL 33460		er egyéléségés	i. Addining	makarupta Makarupta	aguramut t	. 196690 Angainmean
NAME					79% 70%		
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NAME STREET ADDRESS							
CITY-ST-ZIP	· ·			DO V	IOT WI	RITE	
title Name		· <del>-</del> · <del>-</del>		IN T	IIS SP	ACE	
STREET ADDRESS			<b>.</b> .			/	
CITY-ST-ZIP		<del></del>	i de Albana.	Jan 1 postalinas		āta .	
TITLE NAME	•			irrot oto to to to to (TARASA)	o if the books and a south of the	li	The Market of the
STREET ADDRESS			<b>i</b> '				
GATY-ST-ZIP		<del>- 7</del>	gradining and his			Harris	and providing the same
NAME							***
STREET ADDRESS			<b>.</b>	***	• 1	•	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 SW 533-130