2005 FOR PROFIT CORPORATION

ANNUAL REPORT

Jan 21, 2005 8:00 am **Secretary of State** 01-21-2005 90050 044 ***150.00 DOCUMENT # P94000068716 LONDON WITTE & COMPANY, P.A. Principal Place of Business Mailing Address 50004757 3101 N FEDERAL HWY 3101 N FEDERAL HWY SUITE 700 SUITE 700 FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 65-0524791 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIRSCHBERG, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 3101 N FEDERAL HWY SUITE 700 FT LAUDERDALE, FL 33306 City Zip Code 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 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 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME HIRSCHBERG, EDWARD CPA NAME STREET ADDRESS 3101 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33306 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition TUCK, JOHN CPA NAME NAME 3101 N FÉDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT LAUDERDALE, FL 33306 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition KURTZ, MARTIN CPA NAME NAME 3101 N FEDERAL HWY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP -TITLE Delete TITLE Change Addition NAME NAME Enos, Troy CPA STREET ADDRESS STREET ADDRESS 3101 N. Federal Hwy CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale, FL 33306 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMĖ NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supptied 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 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 fustee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EDWALD

954.366-4400

FILED