2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000091645

1. Entity Name
MICHAEL NASSAR, INC.

Principal Place of Business	Mailing Address
300 SE 12TH STREET POMPANO BEACH, FL 33060 US	300 SE 12TH STREET POMPANO BEACH, FL 33060 US

2. Principal Place of Business	3. Mailing Address
1040 Bayview Drive	1040 Bayview Drive
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.: 600
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33304 Country:	Zip: 33304 Country:

4. FEI Number: 65-0547959 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~NASSAR, JOANNE~~
~~300 SE 12TH STREET~~
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: ~~Caroline Bruyere~~
Street Address (P.O. Box Number is Not Acceptable): 1040 Bayview Drive, #600
City: Ft. Lauderdale FL Zip Code: 33304

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV NASSAR, JOANNE 300 SE 12TH STREET POMPANO BEACH, FL 33060	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Caroline Bruyere, Successor Per. Rep. 1040 Bayview Drive, #600 Ft. Lauderdale, FL 33304	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NASSAR, JOANNE 300 SE 12TH STREET POMPANO BEACH, FL 33060	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: C. Bruyere, successor Per. Rep. Pres 1/6/05 954-564-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Caroline Bruyere, Successor Per. Rep., President — Date — Daytime Phone #