2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Jan 20, 2005 08:00 A		
1. Entity Nar	JMENT # PS DLER, P.A.	940000919	327			Se	ecretary of State
2714 OAKB	ROOK DR. RDALE, FL 33332	US	Mailing Address 2714 OAKBROOK DR. FT. LAUDERDALE, FL 33332	US			
[_		IN THIS SPA	CE	01132005 4. FEI Numb 65-054	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KLISTON, TODD W 8211 W BROWARD BLVD SUITE 375 PLANTATION, FL 33324				DO NOT WRITE IN THIS SPACE			
8. The above the obliga SIGNATURE	tions of registered age	is this statement for the ent.	the PA	ed office or registers ad Agent signature required		oth, in the State of Flo	orida. I am familiar with, and accept
FILE NOW!!! FEE/IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					00 May Be ed to Fees		\ '
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, ADDY D 2714 OAKBROOF FT. LAUDERDAL	K DR.	RECTORS			00000 01/21/05	0186341 -80051-015 158.75
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							

12. I hereby certify that the Information supplied 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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR