## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 11, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P950000133	54		
} `	e of Business LAGOON DR, 620 3126	Mailinig Address 5201 BLUE LAGOON DR, 620 MIAMI, FL 33126	1	A TOTAL THE TERM AND TERM AND A TERM THE STATE OF THE STA
. [	OO NOT WRITE	IN THIS SPA	CE	01202005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		
UNITED CORPORATION SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156				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. Lycod or printed name of registered agent and life if applicable. (NOTE: Registered Agent algorithms from 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				
10.	OFFICERS AND DI	RECTORS	- I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, ADAM 645 FIFTH AVENUE NEW YORK, NY 10022		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LITVIN, JOEL 645 FIFTH AVENUE NEW YORK, NY 10022			000000225556 02/11/05-80050-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRIQUI, ROBERT 100 PLAZA DRIVE SECAUCUS, NJ 07094			DO NOT WRITE
TITLE NAME STREET ADDRESS GRY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STOCET ANDRESS				

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: Rubert Criqu. EUP 1/27/5 201-974-679