2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Feb 07, 2005 08:00 AM DOCUMENT # P95000024897 **Secretary of State** 1. Entity Name ASK ENTERPRISES OF FT. LAUDERDALE, INC. Principal Place of Business Mailing Address 5055 N.W. 10TH TERRACE _ 5055 N.W. 10TH TERRACE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0578401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONATO, ALBERT Street Address (P.O. Box Number is Not Acceptable) 5055 N.W. 10TH TERRACE SUITE 105 FT. LAUDERDALE FL 33309 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 the obligations of registered agent. SIGNATURE. DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change PDC TITLE ☐ Addition Delete DILL DONATO, ALBERT 000000217526 NAME STREET ADDRESS STREET ADDRESS 3540 COCO LAKE DRIVE 02/07/05-80026-022 150.00 CITY-ST-ZIP COCONUT CREEK FL 33073 CHY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME DONATO, SEAN M SIGHELADDRESS STREET ADDRESS 4466 N.W. 63 DRIVE CHY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33007 ☐ Change ☐ Addition ☐ Delete HILE TOLE DONATO, KEVIN NAME STREET ADDRESS STREET ADDRESS 6846 N.W. 32 STREET CITY-ST-ZIP City-SI-7/P MARGATE FL 33063 ☐ Addition Change ☐ Delete IIItE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SE-70 ☐ Change ☐ Addition ☐ Delete DIFF TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP Addition 🔲 Change ☐ Delete DEF TIFLE NAMi NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY-ST-7IP 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.