

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90252 021 ***150.00

20044714



04052005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0594876** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

STOLBERG, DAVID
155 NE 40TH ST.
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STOLBERG, STEVEN	
STREET ADDRESS	155 NE 40TH ST.	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOLBERG, DAVID	
STREET ADDRESS	1001 NW 122 AVE	
CITY-ST-ZIP	PLANTATION, FL 33323	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, DOUGLAS	
STREET ADDRESS	2961 WENTWORTH	
CITY-ST-ZIP	WESTON, FL 33332	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ADLER, MATTHEW	
STREET ADDRESS	2401 NE 12TH ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stolberg, Steven	
STREET ADDRESS	155 NE 40th Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holborn, Erica	
STREET ADDRESS	155 NE 40th Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham, Lynn	
STREET ADDRESS	10200 Grogans Mill Road Suite 350	
CITY-ST-ZIP	The Woodlands, TX 77380	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noard, Troy	
STREET ADDRESS	135 LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60603-4131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katz, David	
STREET ADDRESS	135 LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60603-4131	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pelisek, David	
STREET ADDRESS	77 East Wisconsin Ave	
CITY-ST-ZIP	Milwaukee, WI 53202	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/05 (305) 576-5408
Date Daytime Phone #