2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90024 028 *** 150.00 P95000064684

DOCU 1. Entity Nam RENDEX	18	# P9500006	4684			Ju	LED l 28, 200: cretary o	5 8:0 of Sta	0 A.M te
Principal Place 1901 N. 52N HOLLYWOOD	VD AVE.		Mailing Address 1901 N. 52ND AVE. HOLLYWOOD, FL 33021						
2. Principal P	lace of Busin	ness	3. Mailing Address						
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			06292005	Chg-P CR	2E034 (10/03)	
City & State			City & State			4. FEI Numb	0604779	├	plied For at Applicable
Zip			Zip	Coun	ntry		e of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
WEINSTEIN, ELSA C 1901 N. 52ND AVE.					La	Wrie 1 s (P.O. Box Numb	Affar per is Not Acceptable)		
HOLLYWO	DOD, FL (33021				Sarazen Drive			
City Hollywood								FL 3000	21
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 ALLUE OFFAN Laurie Attac 6-29-05									
SIGNATURE Signature, typod or printed invites of registered agent and dise of applicable. (NOTE: Registered Agent signature required when refinations) OATE									
		FEE IS \$150.00 otember 7, 2005	9. Election Ca Trust Fund	impaign Finar Contribution.		5.00 May Be dded to Fees	In accordance with s. corporation did not re-		
10.		OFFICERS AND	DIRECTORS	11.	-	ADDITIONS	/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TILLE	PD , Delete				E		Change Additi		Addition
NAME STREET ADDRESS	NAME WEINSTEIN, RICHARD A STREET ADDRESS 1901 N. 52ND AVE.			MAME Stree					
CITY-ST-ZIP				CITY					
ISTLE	VD Delete				E			Change	Addition
NAME		EIN, ELSA C	NAM		- 1				
STREET ADDRESS CITY-ST-ZIP		2ND AVE. OOD, FL 33021			eet adoress '-st-zip				
TITLE	☐ Delete				Ε			Change	Addition
STREET ADDRESS		- 4		- 5	EEFT ADDRESS				
CITY+SI+ZIP				CITY	·st-zip				
TITLE NAME	ļ		☐ Delcts	TITU	1			☐ Change	☐ Addition
STREET ADDRESS					EET ADORESS				
CITY-ST-ZIP					-SI-ZIP				
NAME NAME			☐ Delete	IIILI NAM	•			☐ Change	☐ Addition
STREET ADDRESS					EET ADORESS				
CITY-ST-ZDP			- Carrier - Carr		r-ST-ZIP			<u> </u>	- Addition
-TITLE .	1		Oejete	,IIIL Nam	i	÷		Change	Addition
STREET ADDRESS CITY+ST+ZIP		• •.			EET AODRESS'	· · · ·			٤
12. I hereby certify that the Priormation 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 of supplemental report is true and accurate and that say signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 ampowered. SIGNATURE WWO STATES AND STATES									

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