


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90515 043 \*\*\*150.00

<b>DOCUMENT # P95000076609</b>	
1. Entity Name <b>BKRY OF BELLE GLADES GENERAL, INC.</b>	

Principal Place of Business <b>1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	Mailing Address <b>NAVIGANT CONSULTING TWO NORTH CHARLES STREET SUITE 400 BALTIMORE, MD 21201 US</b>
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**66022738**



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>Penta Advisory Services, LLC Two North Charles Street Suite 400 Baltimore, Maryland 21201</b>
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06062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0617240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CROD GOLDSTEIN, CHARLES TWO NORTH CHARLES STREET -SUITE 400 BALTIMORE, MD 21201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRO, Director Charles R. Goldstein Penta Advisory Services, LLC Two North Charles Street, Suite 400 Baltimore, MD 21201</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Charles R. Goldstein, Chief Restructuring Officer, Director** **June 7, 2005** **410-454-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #