## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Mar 03, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9600000603			Sec	cretary o	i State	
Principal Place of Business Mailing Address 1680 N. STATE RD. #7 4200 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US			3	1.000	-  - 18/10 8/1/1 88/1/1 80/1/1 80/1/1	 Sann asins anns asins asins ans	1 <b>(50)100</b> 4 11 5 <b>5</b> 01
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	O NOT WRITE II	CE	02152005 4. FE! Numb	No Chg-P	CR2E034 (10/0	Applied For	
				65-0648047 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current Regis	stered Agent		<u> </u>			: <u></u>
4200 HOL	A, MARK J. LYWOOD BLVD DOD, FL 33021	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  Signature required when reinstaling)  DATE							
	Signature, typed or printed name of registered agent and title	If applicable (NOTE, Registered	Agent signature require	ed when reinstating)	Unhann	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing \$5	5.00 May Be ded to Fees	- U00000 03/04/05-	250661 80020-005 1	50.00
TITLE	OFFICERS AND DIRE	CTÓRS				<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP	PANCIERA, MARK J 4200 HOLLYWOOD BLVD HOLLYWOOD, FL					ż	·-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 4		IN .	THIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V V W					
12. I hereby of indicated of the correctanged,	certify that the Information supplied with this on this report or supplemental report is the portation of the received or trusted exposure or on an attachment with an address, with a	ling does not qualify for the exem and accurate and that my signatu d to execute this report as require bother, like empowered	nption stated in Seure shall have the ed by Chapter 60	ection 119.07(3)( same legal effect 7, Florida Statute	i), Florida Statutes. I to as if made under or so and that my name	further certify that the ath; that I am an offic appears in Block 10	e information er or director or Block 11 if