


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000033396 1. Entity Name 270 SOUTH COUNTY ROAD CORP.	
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Principal Place of Business 250 WORTH AVE PALM BEACH FL 33480	Mailing Address 250 WORTH AVE PALM BEACH FL 33480
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0671953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH FL 33480
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete HANDELSMAN, STEVE
NAME	18 HOTEL DR.
STREET ADDRESS	WHITE PLAINS NY
CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete STOCKER, MARSHA
NAME	5 LOVE LANE
STREET ADDRESS	HARRISON NY
CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> Delete HANDELSMAN, BURTON
NAME	250 WORTH AVE
STREET ADDRESS	PALM BCH FL 33480
CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> Delete HANDLESMAN, LUCILLE
NAME	250 WORTH AVE
STREET ADDRESS	PALM BEACH FL 33480
CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> Delete HANDLESMAN, SANDY
NAME	3 LOVE LANE
STREET ADDRESS	HARRISON NY
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000287046
STREET ADDRESS	04/04/05-80051-022 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 3/23/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR