2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051023

RATHBURN, PATRICIA A

FT LAUDERDALE, FL 33301

217 NE 2ND ST

Name:

Address:

City-St-Zip:

Entity Name: SUKIRAN 211, INC

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 217 NE 2ND STREET 250 SW 33RD STREET FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33315 US US **Current Mailing Address: New Mailing Address:** 217 NE 2ND STREET 250 SW 33RD STREET FT LAUDERDALE, FL 33301 US FT LAUDERDALE, FL 33315 US FEI Number: 65-0751538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RATHBURN, PATRICIA A 217 NE SECOND ST FT LAUDERDALE, FL 33301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LESSER, LEWIS LESSER, NORMAN L Name: Name: 2780 HAMILTON BLVD 2780 HAMILTON BLVD Address: Address: S PLAINFIELD, NJ 07080 City-St-Zip: S PLAINFIELD, NJ 07080 City-St-Zip: Title: Title: () Delete (X) Change () Addition MASSEY, J. MICHAEL Name: Name: MASSEY, MICHAEL J 2780 HAMILTON BLVD 2780 HAMILTON BLVD Address: Address: SOUTH PLAINFIELD, NJ 07080 SOUTH PLAINFIELD, NJ 07080 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: Title: D RATHBURN, PATRICIA A BELLEZZA, TONY D Name: Name: 217 NE 2ND STREET 250 SW 33RD STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33315 Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NORMAN LESSER D 04/15/2005