## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2005 08:00 AM -Secretary of State

ANNUAL REPORT				<u></u> :	Secretary of Stat		
1. Entity Nar	MENT #_P960000531						
1801 PALM 400	ce of Business BEACH LAKES BLVD BEACH, FL 33401 US	Mailing Address 1801 PALM BEACH LAKES BLVI 400 WEST PALM BEACH, FL 33401					
	OO NOT WRITE	IN THIS SPAC	<u>.</u>	02072005  4. FEI Number 65-06744  5. Certificate of	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
}	6. Name and Address of Current Re	gistered Agent		· ·			
RAMSI, SI 8850 NW CORAL SI		 . · · ·			IOT WA		
8. The above the obligat	e named entity submits this statement for ti tions of registered agent.	ne purpose of changing its registered	d office or registe	ered agent, or both. i	n the State of Florida	a. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	ulle if applicable (NQTE Registered	Agent signature require	d when reinstating)	.,	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	sing \$5	5.00 May Be ded to Fees	·		
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSI, SIMA 8850 NW 55 PL CORAL SPRINGS, FL				U000002 03/18/05-8	68314 0038-001 150.00	
TITLE NAME STREET ADDRESS CITY ST-ZIP	V RAMSI, NADER 8850 NW 55 PL. CORAL SPRINGS, FL 33067						
TITUE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		DO N	IOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			<u> </u>	IN TI	HIS SPA	CE	
NAME STREET ADDRESS CITY-ST-ZIP				_			
NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZiP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

(561) 712-0242

Daytime Phone #