2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND DAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # P96000055103 1. Entity Name REMCON MANAGEMENT, INC.						
12198 NW 9	ce of Business OTH DRIVE NGS, FL 33071	Mailing Address 12198 NW 9TH DRIVE CORAL SPRINGS, FL 33071		£ 1800 ti 000 ti	والمرازع وزائل والمرازع والأراز والمرازع	n salet Biler silet Phu salet Kupd i i Ma
DO NOT WRITE IN THIS SPACE				03222005 4. FEI Numb 65-069	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
815 CORA	ROTHENBERG, P.A. L RIDGE DR D BEACH, FL 33071	3. att 3		NOT W		
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 file if applicable. (RIGTE Registered Agent signature required when redistating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Proof Fee Will be \$550.00 Flection Campaign Finan Trust Fund Contribution.				00 May Be ad to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCOVITCH, LEWIS 12198 NW 9TH DRIVE CORAL SPRINGS, FL 33071	RECTORS		-	1100000 04/27/05-	336342 80123-004 158.75
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TITLE 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 amounted.						