2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058559

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Delete

() Delete

STRAUS, WERNER MR.

1512 PALISADES AVE

FORT LEE, NJ 07024

STRAUS, HILDE MRS.

1512 PALISADES AVE

FORT LEE, NJ 07024

VΡ

Entity Name: MATTHEW J. STRAUS, INC.

FILED Mar 18, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
	RRY BLOSSON W, FL 32746	/I TERR.				
Current Ma	ailing Address	s:	New Maili	New Mailing Address:		
	RRY BLOSSON W, FL 32746	/I TERR.				
FEI Number: 59-3396974 FEI Number Applied For () FEI N		FEI Number Not App	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
STRAUS, MATTHE J 629 DOLPHIN RD WINTER SPRINGS, FL 32708 US			1642 CHÉI	STRAUS, MATTHE J 1642 CHERRY BLOSSOM TERR. HEATHROW, FL 32746 US		
The above in the State		ubmits this statement for the p	ourpose of changing i	its registered office or registered agent, or b	oth,	
SIGNATUR	RE:			03/18/2005		
	Electroni	c Signature of Registered Age	ent	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PT () STRAUS, MATTH 629 DOLPHIN R WINTER SPRING	D	Title: Name: Address: City-St-Zip:	PT (X) Change () Addition STRAUS, MATTHEW J 1642 CHERRY BLOSSOM TERR. HEATHROW, FL 32746		
Title: Name: Address: City-St-Zip:	VPS () STRAUS, CANDA 629 DOLPHIN R WINTER SPRING	D	Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition STRAUS, CANDACE L 1642 CHERRY BLOSSOM TERR. HEATHROW, FL 32746		

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW J. STRAUS PT 03/18/2005

() Change () Addition

() Change () Addition