## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 08:00 AM Secretary of State

(954) 438-4736

_	ANNUA	LREPORT	· · ·				5 08:00
1. Entity Nam	MENT # P9600008 N, SILVERMAN & ASSOCI			Se	cretary	of State	
Principal Place of Business 8362 PINES BLVD. SUITE 111 PEMBROKE PINES, FL 33024		- Mailing Address 8362 PINES BLVD. SUITE 111 PEMBROKE PINES, FL 33024		03232005 No Chg-P CR2E034 (10/03)  4. FEI Number			
E	O NOT WRITI	CE					
	6. Name and Address of Curren	t Registered Agent		<del> </del>			
GOODMAN, TODD 8362 PINES BLVD-SUITE 111 PEMBROKE PINES, FL 33024			DO NOT WRITE IN THIS SPACE				
		for the purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flor	ida. Tam tamilia	r with, and accept
	ions of registered agent.	Told Good	0			4-6-05	-
SIGNATURE. 	Signalure, typed or printed name of registered age		d Agent signature required	(when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaign Finar Trust Fund Contribution.  7.00		.00 May Be ed to Fees	!	· · · · · · · · · · · · · · · · · · ·	
10,	OFFICERS AN	Ó DIRECTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, TODD 8362 PINES BLVD, SUITE 111 PEMBROKE PINES, FL 33024	e de la companya de	- —		, ionana	10 <b>70</b> 00	
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12. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \( \)