Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Narr	MENT # P9600009833 FROM A STONE, INC.	7			05 MAR 2	LED 5 PM I: 18	
SUITE 111	ISWOOD ROAD	ailing Address 5201 RAVENSWOOD ROAD SUITE 111 T. LAUDERDALE, FL 33312				RY OF STATE SSEE, FLORIDA	
			~	01132005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			CE.	4. FEI Numbe 65-071 5. Certificate		Applied For Not Applicat \$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	stered Agent	1				
5201 RAVI SUITE 111 FT. LAUDI	ERDALE, FL 33312	DO NOT WRITE IN THIS SPACE					
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.							
the obligati	ions or registered again.						
SIGNATURE.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE						
	organization, reprint or practical regime of registering augment and one	TOTAL HOUSeason	O Again agricula (Adaean	- man ransaasig)			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	į.	;,,,			
TITLE	DP COUNTY IABED		Ì				
NAME STREET ADDRESS	SCHULTZ, JARED 5201 RAVENSWOOD ROAD, #111			00049:	917606 1024 **650.00		
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	certify that the information supplied with this f	ling does not qualify for the eve	motion stated in Se	ction 119 07/3Vi) Florida Statutos I	further certify that the information	
12. I hereby of	on this report or supplemental report is true.	ana arcuitate and that mu energ	hiro chall have the c	come lengt affect	t de if mada undor o	ath: that I am an afficac as disastes	
12. I hereby of	on this report or supplemental report is true- poration or the receiver or trustee empowere or on an attachment with an address swift a	DO NOT WRITE IN THIS SPACE 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 is report or supplemental report is true-find accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director nor or the recipiency or trustee empsywered or execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an attactorpen with an appropriate propowered. E: Stylinature And Types on Printted Name De Signing Opprises to the propower of the styling of the propower of the styling of th					