

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000099003 1. Entity Name 2+2 OF CORAL SPRINGS, INC.						FILED 05 JUL 27 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7675 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065				Mailing Address 7675 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. # etc.				Suite, Apt. # etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 date if applicable (NOTE: Registered Agent signature required when reissuing)							
Amended AR Is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: PB NAME: PERNICE, PAT STREET ADDRESS: 7675 WEST SAMPLE ROAD CITY-ST-ZIP: CORAL SPRINGS, FL 33065				TITLE: ☒ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				TITLE: ☐ Delete 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)(j), 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: <i>A Zein Etemadi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 6/29/05 Date			