## 2005 FOR PROFIT CORPORATION

## Apr 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P96000103868 HARRIS S. RAINBEAU, CPA, P.A. Principal Place of Business Mailing Address 915 MIDDLE RIVER DR, SUITE 500 915 MIDDLE RIVER DR. SUITE 500 FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33304 No Chg-P 04142005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0718086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAINBEAU, HARRIS S DO NOT WRITE 915 MIDDLE RIVER DR, SUITE 500 FT LAUDERDALE, FL 33304 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. (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RAINBEAU, HARRIS S. NAME STREET ADDRESS 915 MIDDLE RIVER DR, SUITE 500 CITY-ST-ZIP FT LAUDERDALE, FL 33304 U00000315506 04/19/05-80038-001 150.00 NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 withen address, with all other like empowered.

SIGNATURE:

CITY-ST-2IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

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