## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P97000018078 04-25-2005 90252 002 \*\*\*150.00 FUTERNICK INVESTMENTS, INC. Principal Place of Business Mailing Address 20044733 **GROVE ISLE DRIVE GROVE ISLE DRIVE** #1509 #1509 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0732991 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINSON, EDWARD E ESQUIRE 407 LINCOLN RD., PENTHOUSE SE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33139 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition **FUTERNICK, MORRIS** NAME NAME STREET ADDRESS GROVE ISLE DR, #1509 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate as alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as it made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee el changed, or on an attachment with an address

TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN G OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

☐ Change

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Change

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**FILED**