

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019466

Entity Name: MENSACK CORPORATION

FILED  
Mar 28, 2005  
Secretary of State

## Current Principal Place of Business:

1102 NW 180 AVE  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

15973 PINES BLVD  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

1102 NW 180 AVE  
PEMBROKE PINES, FL 33029

## New Mailing Address:

15973 PINES BLVD  
PEMBROKE PINES, FL 33027

FEI Number: 65-0745909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENSACK, RALF  
1102 NW 180 AVENUE  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

MENSACK, RALF  
15973 PINES BLVD  
PEMBROKE PINES, FL 33027 US

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.

SIGNATURE: ANA PAULA MENSACK

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: MENSACK, RALF  
Address: 1102 NW 180 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: STD ( ) Delete  
Name: MENSACK, PAULA ANA  
Address: 1102 NW 180 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: MENSACK, RALF  
Address: 15973 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: STD (X) Change ( ) Addition  
Name: MENSACK, PAULA ANA  
Address: 15973 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA PAULA MENSACK

STD

03/28/2005

Electronic Signature of Signing Officer or Director

Date