## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

ANNUAL REPORT					Secretary of Stat			
1. Entity Nam	MENT # P970000393			50	Ci ctai	y or Stat		
Principal Place of Business 300 SWFIRST AVENUE Q-127 FCRIT LAUDERDAUE, FL. 33301		Mailing Address 300 SWFIRST AVENUE Q127 FORT LAUDERDALE, FL 33301	1					
DO NOT WRITE IN THIS SPA			CE	01062005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For				
				65-075			Not Applicable  5 Additional Required	
	6. Name and Address of Current Re	gistered Agent			,		·	
SILVER, MARK STEVEN 362 N.E. 7TH AVENUE FT. LAUDERDALE, FL 33301					NOT W			
	e named entity submits this statement for li tions of registered agent.  — Signsture, typed or printed name of registered agent and		ed office or registe		h, in the State of Flor	rida. I am familia DATE	r with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS						
TITLE NAME STREET ADDRESS CITY-6T-ZIP	D SILVER, MARK STEVEN 362 N.E. 7TH AVENUE FORT LAUDERDALE, FL 33301				HOOOT 01/14/05	10181136 5-80 <b>03</b> 6-0	09 150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ae Eet address		IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					==			
TITLE		:	B					

12. I hereby certify 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 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 of 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 a yeardress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

IGNATURE AND FIRED OR PRINTED NAME OF SIGNERS OFFICER OR DIRECTOR

454-78-787