

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90173 013 ***158.75

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04142005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0775435

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R
11505 FAIRCHILD GARDENS AVE.
SUITE 203
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name Kay, James R
Street Address (P.O. Box Number is Not Acceptable) Kay Law Offices
700 Village Square Crossing Ste 102B
City Palm Beach Gardens FL Zip Code 33410

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME REIBLING, LORENZ
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE SUITE 206
CITY-ST-ZIP DEERFIELD BEACH, FL 33422

TITLE DP ☐ Delete
NAME REIBLING, GUENTHER
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE SUITE 206
CITY-ST-ZIP DEERFIELD BEACH, FL 33422

TITLE VPS ☐ Delete
NAME KASSOF, LINDA
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE SUITE 206
CITY-ST-ZIP DEERFIELD BCH, FL 33422

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Kassof

4/22/2005 (954) 428-4585