


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000074257  
 1. Entity Name  
 THE FEVER CORP.



Principal Place of Business      Mailing Address  
 1035 N.W. 21ST TERRACE      6840 SW 129 TERRACE  
 MIAMI, FL 33127                  MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



01252005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0782337      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RIEDER, TOM  
 6840 SW 129 TERRACE  
 MIAMI, FL 33156

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D FUHRMAN, TOM R 1035 N.W. 21ST TERRACE MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, D. ROSS 7690 SW 127 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEDER, WM THOMAS 6840 SW 129 TERR MIAMI, FL 33156
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 02/22/05-80016-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tom Rieder      2/18/05      305-251-7354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #