2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

Principal Place of Business 4300 N. UNIVERSITY DR SUITE D-106 FORT LAUDERDALE, FL 33351 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite,
SUITE D-106 FORT LAUDERDALE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of Status Desired Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptate be obligations of registered agent. SIGNATURE Signature, pred or printed name of registered spart and little if applicable. (MOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Selection Campaign Financing Trust Fund Contribution. Delde IIILE P Change Additional City C
SUITE D-106 FORT LAUDERDALE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O1122005 Chg.P CR2E034 (10/03) City & State Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acceptible obligations of registered agent. Signature, pred or printed name of registered agent and site if applicable. (MOTE: Registered Agent agenture 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. Delete ITUE P Change Additional City City City City City City City City
FORT LAUDERDALE, FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Country 5. Certificate of Status Desired 8.8.75 Additional Fee Required Fee Required Fee Required Fee Required GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City City FL 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 freed or printed name of registered agent and title if applicable. (NOTE: Required Agent sequence
2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. 4, etc. 101122005 Chg.P CR2E034 (10/03) City & State Country Country Country Country 5. Certificate of Status Desired 8.8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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 Signulure, typed or printed name of registered agent and filed a policible. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 PATE Titus Fund Contribution. Additional Fee Required Agent signature required when reinstating) DATE Change Additional Fee Registered Agent and filed a policible. Now Change Additional Fee Registered Agent signature required when reinstating) DATE Change Additional Fee Registered Agent Agent signature required when reinstating) Agent Signature Registered Agent Signature required when reinstating) Agent Signature Registered Agent Signature required Agent signature required when reinstating) Agent Signature Registered Agent Signature required when reinstating) Agent Signature Registered Agent Signature required Agent Signature Registered Agent Signature Regis
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1122005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Country Country Country 5. Certificate of Status Desired Status Desired Status Desired Status Desired Pee Required Pee Required Pee Required Street Address of New Registered Agent Name GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City Street Address (P.O. Box Number is Not Acceptable) City FL 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and talls 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 Procedured Agent signature required when reinstating) S.5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P GREENBERG, BURTON D City Status Desired agent and data additional procedured Agent and data applicable. IIILE NAME GREENBERG, BURTON D
City & State City & State City & State City & State 4. FEI Number 65-0780369 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Fee Required GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total process of registered agent, or both, in the State of Florida. I am familiar with, and acceptable obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (INOTE: Registered Agent Signature required when reinstating) P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P. Change Additional Fee Printed Additional Financing Additional Fee Printed Additional Fee Required April 2015 Additional Fee Required Additional Fee Required April 2015 Additional Fee Requi
City & State City & State City & State City & State 4. FEI Number 65-0780369 Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Fee Required GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total process of registered agent, or both, in the State of Florida. I am familiar with, and acceptable obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (INOTE: Registered Agent Signature required when reinstating) P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P. Change Additional Fee Printed Additional Financing Additional Fee Printed Additional Fee Required April 2015 Additional Fee Required Additional Fee Required April 2015 Additional Fee Requi
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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 side if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Addition 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P NAME GREENBERG, BURTON D
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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 side if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Addition 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P NAME GREENBERG, BURTON D
2ip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent Name GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE GREENBERG, BURTON D
6. Name and Address of Current Registered Agent - 7. Name and Address of New Registered Agent GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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. SIGNATUFE Signature, hyped or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P
REENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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 Signalure, hyped or printed name of registered agent and little 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P GREENBERG, BURTON D RAME RAME RAME RAME RAME
GREENBERG, JOEL E ESQ 4300 N. UNIVERSITY DR LAUDERHILL, FL 33351 City FL 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) PILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Difference of the Additional Contribution of the purpose of changing its registered Agent signature required when reinstating) Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Difference of the Additional Contribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept agent and size it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Title P Change Additional C
Street Address (P.O. Box Number is Not Acceptable) City FL 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 FILE NOWIT! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. Delete 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete RAME GREENBERG, BURTON D
City FL 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) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE PGREENBERG, BURTON D Change Additionable. Additional contribution in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Change Additional Registered Agent signature required when reinstating) Change Ch
City City FL 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P GREENBERG, BURTON D City FL Zip Code Added agent, or both, in the State of Florida. I am familiar with, and accept agent with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent
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 hitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P GREENBERG, BURTON D Change Additional Additional Contribution Campaign Financing Additional Contribution Campaign Financing Additional Contribution Campaign Financing Changes To OFFICERS AND DIRECTORS IN 11 NAME OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RAME OFFICERS AND DIRECTORS IN 11 NAME
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 hitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P GREENBERG, BURTON D Change Additional Additional Contribution Campaign Financing Additional Contribution Campaign Financing Additional Contribution Campaign Financing Changes To OFFICERS AND DIRECTORS IN 11 NAME OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 RAME OFFICERS AND DIRECTORS IN 11 NAME
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) 9. Election Campaign Financing After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P GREENBERG, BURTON D Change Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P Delete TITLE NAME GREENBERG, BURTON D
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P GREENBERG, BURTON D ONTE:
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11/1LE P Delete TITLE NAME GREENBERG, BURTON D 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Delete TITLE NAME GREENBERG, BURTON D Added to Fees Added to Fees
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Delete TITLE NAME GREENBERG, BURTON D Added to Fees Added to Fees
TITLE P Delete TITLE Addition NAME GREENBERG, BURTON D NAME
TITLE P Delete TITLE Addition NAME GREENBERG, BURTON D NAME
NAME GREENBERG, BURTON D NAME
STREET ADDRESS 4300 N. UNIVERSITY DR STREET ADDRESS 4300 N University Dr., Suite D10
CITY-ST-ZIP LAUDERHILL, FL 33351 CITY-ST-ZIP
TITLE TITLE TYPE Change Addition
NAME VP/D
STREET ADDRESS Joel E. Greenberg
CITY-SI-ZIP 4300 N University Dr., Suite D1
TITLE Delete TITLE Lauderhill, FL 33351 Change Addition
NAME
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME SIREET ADDRESS SIREET ADDRESS
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director

11 Indexty certains that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(j). 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

954-741-380 Burton D. Greenberg 1/14/05