

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90025 048 ***150.00

DOCUMENT # P97000083132

1. Entity Name
425 FEDERAL, INC.



Principal Place of Business
418 NE 5TH ST.
FT. LAUDERDALE, FL 33301

Mailing Address
P.O. BOX 30399
FORT LAUDERDALE, FL 33303

40005203



2. Principal Place of Business
441 N. E. 4th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State
Fort Lauderdale Florida

City & State

4. FEI Number
65-0842789

Applied For
Not Applicable

Zip
33301

Country
Broward

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

FELDMAN, PETER M
418 N.E. 5TH STREET
FORT LAUDERDALE, FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
441 N. E. 4th Avenue

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FELDMAN, PETER M
STREET ADDRESS 418 NE 5TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 441 N. E. 4th Avenue
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GADDIS, JESSE
STREET ADDRESS 2840 SUNRISE KEY BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33302

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Peter M. Feldman
Director

Date

Daytime Phone

1/18/05 954-523-4050