2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

Daytime Phone #

1. Entity Nam	MENT # P970000898	380			Se	cretary of State
Principal Place 7227 CLINT I BOCA RATON	· ·	Mailing Address 7227 CLINT MOORE RD BOCA RATON, FL 33496) imartant li	m retti iddir notil ddir ak	
C	OO NOT WRITE		CE	01192005 4. FEI Numbi 65-079	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
4000 NOR STE. 201	6. Name and Address of Current Re EFFREY A RTH FEDERAL HWY TON, FL 33431	DO NOT WRITE IN THIS SPACE				
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 reinstailing) DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSEL, JEROME V 7227 CLINT MOORE RD BOCA RATON, FL 33496	RECTORS			U0000 04/14/05	0305932 -80106-006 150.00
NAME STREET ADDRESS CITY-ST-ZIP			-			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	IN.	THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 01					
12. I hereby certify that the information supplied with this tiling 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 further 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 of rustee of the weedule this 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 withall other like empowered						

J. V. anel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _