


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000098211 1. Entity Name ANGLERS OFFICE PARK, INC.	
--	---

Principal Place of Business 3807 NORTH 29TH AVENUE HOLLYWOOD, FL 33020	Mailing Address 3807 NORTH 29TH AVENUE HOLLYWOOD, FL 33020
--	--



01232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIELER, LAWRENCE ESQ. TWO S. BISCAYNE BLVD. STE 3700 MIAMI, FL 33131

**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 state 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**

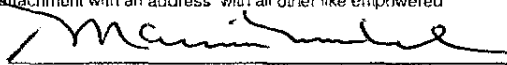
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000205638
01-31-05-80052-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDEL, MARVIN 3807 NORTH 29TH AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIELER, ARTHUR 3807 NORTH 29TH AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIELER, ROSE 3807 NORTH 29TH AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERMAN, MOSES 3807 NORTH 29TH AVENUE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2005 954-9228500
Date Daytime Phone #

MARVIN MANDEL