## 2005 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** May 02, 2005 08:00 AN **Secretary of State** DOCUMENT # P98000006273 LEVESCO CORPORATION, INC. Principal Place of Business Mailing Address 2826 E. OAKLAND PARK BLVD., SUITE 200 2826 E. OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE, FL 33306 FT. LAUDERDALE, FL 33306 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0876547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BULFIN, ROBERT M DO NOT WRITE 2826 E. OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE, FL 33306 IN THIS SPACE 3. 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 \$5.00 May Be $\Box$ Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GLEESON, KIERAN STREET ADDRESS 3419 N. ANDREWS AVE. CITY-ST-ZIP OAKLAND PARK, FL 33309 TITLE 05/03/05-80115-002 150.00 NAME BULFIN, ROBERT M STREET ADDRESS 2826 E OAKLAND PARK BLVD. STE 200 CITY-ST-ZP FORT LAUDERDALE, FL 33306 MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP mie SHAF STREET ADDRESS CITY-ST-ZIP me

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:

NAME STREET ADDRESS. CITY-ST-ZIP

OFFICER OR DIRECTOR