

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90056 048 ***150.00

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1. Entity Name

SPECIAL EVENTS BY SUSAN KLEINBERG, INC.



Principal Place of Business

901 N.E. 125TH STREET, SUITE 101
NORTH MIAMI FL 33161

Mailing Address

901 N.E. 125TH STREET, SUITE 101
NORTH MIAMI FL 33161

2. Principal Place of Business

984 Harborview North

Suite, Apt. #, etc.

3. Mailing Address

984 Harborview North

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood Florida

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

59-3494383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATERNOSTRO, JOSEPH
901 N.E. 125TH STREET, SUITE 101
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

SUSAN KLEINBERG

Street Address (P.O. Box Number is Not Acceptable)

984 Harborview North

Hollywood

City

FL

Zip Code

33019

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KLEINBERG, SUSAN
STREET ADDRESS 984 HARBORVIEW NORTH
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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: X

Susan Kleinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/22/05 (954) 457-2721

Date

Daytime Phone #