## **\*2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 25, 2005 08:00 AN Secretary of State **DOCUMENT # P98000038054** THE PENTHOUSES AT GULF STREAM INC. Principal Place of Business Mailing Address 1501 GULF DRIVE NORTH 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 BRADENTON BEACH, FL 34217 01182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0891659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALENTE, JAMES R DO NOT WRITE 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 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: Typed or printed name of registered agent and title it applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000330005 04/25/05-80141-010 150.00 VALENTE, JAMES R 1501 GULF DRIVE NORTH STREET ADDRESS BRADENTON BEACH, FL 34217 CHY-ST-ZIP TITLE WEIR, GLORIA NAME STREET ADDRESS 1501 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-1786667

FILED