## 2005 FOR PROFIT CORPORATION

## Apr 28, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P98000050416** 1. Emily Name MERGERS, ACQUISITIONS & PLACEMENTS, INC. Principal Place of Business Mailing Address 2999 NE 191 STREET 2999 NE 191 STREET PENTHOUSE 8 PENTHOUSE 8 AVENTURA, FL 33180 AVENTURA, FL 33180 CR2E034 (10/03) 04252005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0839602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ADAMS, ROY B 2999 NE 191 STREET PENTHOUSE 8. IN THIS SPACE AVENTURA, FL 33180 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 (NOTE, Registered Agent signature required when reinstaling) Signature typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GOLDSTEIN, BARRY NAME 19955 NE 38 CT #2604 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 U00000338871 04/28/05-80053-014 150.00 NAME STREE F ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C11Y-S1-7/2 THLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

this filing does not qualify for the exemption stated in Section 119,07(3)(f), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like anpowered. I hereby certify that the informindicated on this report or sur r sudolement report is of the corporation or the rece changed, or on an attachme

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECT )R

**FILED**