2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 08:00 AM Secretary of State

65-0846988 Not Applic 5. Name and Address of Current Registered Agent MARSHALL, LINDA THUS SPACE 1. 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 acc the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITOS NAW SETH TERR MARSHALL, LINDA TITOS NAW SETH TERR MARGATE, FL 33063 TITU TON NW 85TH TERR MARGATE, FL 33063 TITU TON NW 95TH TERR MARGATE, FL 33063 TITU TON NW 95TH TERR MARGATE, FL 33063 TITU TON NW 95TH TERR MARGATE, FL 33063 TITU TITUE MARGATE, FL 33063 TITUE	ANNUAL REPURI					Wiai 20, 2003 00.00			
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MARSHALL, LINDA 1704 NW 65TH TERR MARGATE, FL 33063 3. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent. SIGNATURE Signature, hyeer or printed retire of registered depent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent. SIGNATURE Signature, hyeer or printed retire of registered depent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent. SIGNATURE Signature, hyeer or printed retire of registered depent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent. SIGNATURE Signature, hyeer or printed retire of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent, or both, in the State of Florida. I am familier with, and acc the floridations of registered agent. In the State of Floridation of registered agent, or both, in the State of Fl		_		CE	03092005 4. FEI Number 65-08469	No Chg-P	CR2E034 (10/03) Applied For Not Applicable 75 Additional	
TILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Sepature Nyme or pointed states of registered agent and title F spoticable. PROTE Replaced Agent algorithm revisible) DATE	1704 NW	LL, LINDA 65TH TERR	stered Agent						
10. OFFICERS AND DIRECTORS ITILE P MARSHALL, SCOTT STREET ADDRESS 1704 NW 65TH TERR CITY-ST-ZP MARGATE, FL 33063 ITILE SV MARSHALL, LINDA 1704 NW 65TH TERR MARGATE, FL 33063 ITILE T MARGATE, FL 33063 ITILE T MARGATE, FL 33063 ITILE T MARGATE, FL 33063 ITILE STREET ADDRESS CITY-ST-ZP MARGATE, FL 33063 ITILE T MARGATE, FL 33063 ITILE T MARGATE, FL 33063 ITILE MARGATE, FL 33063	the obligate	Signature, typed or printed name of registered agent and tilk	9. Election Campaign Finar	d Agent signature required	when reinstating)	n the State of Flo		ar with, and accept	
TITLE TOTAL NOW 65TH TERR MARGATE, FL 33063 TITLE SV MARSHALL, LINDA 1704 NW 65TH TERR MARGATE, FL 33063 TITLE NAME STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 TITLE TOTAL NAME BIKES, KEITH 1704 NW 65TH TERR MARGATE, FL 33063 TITLE TOTAL NAME STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 TITLE TOTAL NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP				□ Adde	ed to rees				
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THE NAME STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 cath; that I am an officer or direct 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 1:	STREET ADDRESS CITY ST-ZIP	pertify that the information supplied with this f	filing does not qualify for the exer	nption stated in Sec	stion 119.07(3)(i), F	lorida Statutes. I	further certify th	at the information	