2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINT

SIGNATURE:

Feb 04, 2005 08:00 AM DOCUMENT # P98000057584 Secretary of State 1. Entity Name 9600 BUILDING, INC. Principal Place of Business Mailing Address 9600 WEST SAMPLE RD 9600 WEST SAMPLE RD STE 300 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0847052 Not Application Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEUTSCH, STEVE Street Address (P.O. Box Number is Not Acceptable) C/O FRANK WEINBERY 7805 SW 6TH CT PLANTATION FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete HITEF Change Additio SNEIDER, ANDREW I UUUUUU214442 NAME NAME 9600 WEST SAMPLE RD STE 300 STREET ADDRESS 02/04/05-80012-022 150.00 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP THEE ☐ Delete HHE ☐ Спалде Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP TITLE ☐ Delete TOPE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7tP TITLE Delete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CUTY-ST-70P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ A.I.IIII. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THEE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P 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

FILED