


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-28-2005 90058 003 \*\*\*150.00

<b>DOCUMENT # P98000063618</b> 1. Entity Name <b>SIGNAL COMPANY</b>	
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Principal Place of Business <b>2604 DE SOTO BLVD. CORAL GABLES, FL 33134</b>	Mailing Address <b>2000 S. DIXIE HWAY STE 100 MIAMI FL 33133</b>
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03112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0852420</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>KATAYOUN, ABBASSI 2604 DE SOTO BLVD. CORAL GABLES, FL 33134</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ABBASSI, KATAYOUN 2604 DESOTO BLVD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAY, ABBASI 2604 DE SOTO BLVD MIAMI, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **9/17/05** **305-856-5858**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #