


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90361 038 \*\*\*150.00

<b>DOCUMENT # P98000070026</b> 1. Entity Name 1007 DUVAL STREET CORPORATION						
Principal Place of Business 1007 DUVAL STREET KEY WEST, FL 33040			Mailing Address TWO SOUTH UNIVERSITY DRIVE SUITE 215 PLANTATION, FL 33324			
2. Principal Place of Business 405 Mandalay Avenue Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.				
City & State Clearwater Beach, FL Zip 33767 Country US		City & State  Zip  Country  		4. FEI Number 65-0856848 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02082005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent LYNN, BRIAN TWO SOUTH UNIVERSITY DRIVE SUITE 215 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name LUBOTSKY, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2494 BAYSHORE BLVD SUITE 102 City DUNEDIN FL Zip Code 34698			
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 <u>David A Lubotsky</u> LUBOTSKY, DAVID A 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABERGEL, ELI 325 NW 97TH AVE. PLANTATION, FL 33324		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABERGEL, ELI 405 MANDALAY AVENUE CLEARWATER BEACH FL 33767	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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: <u>Eli Abergel</u> 4-1-2005 727-4461375 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						