## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000078102

## FILED Apr 18, 2005 08:00 AM Secretary of State

Principal Place of 3502 N POWER POMPANO BEA	RLINE RD 3	ailing Address					
	CH, FL 33069 US P	502 N POWERLINE RD OMPANO BEACH, FL 33069	US				
DO NOT WRITE IN THIS SPA			CE	03172005 4. FEI Numbe 65-087	No Chg-P	CR2E034 (10,	/03)   Applied For   Not Applicable
	6. Name and Address of Current Regis	tered Agent		Market Market 1	-		:a .
ZAMEL, ABOU 3502 N POWERLINE RD POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE				
	med entity submits this statement for the p s of registered agent				h, în the State of Flo		with, and accept
s(c	nature, typed or printed name of obsilered agent and title	applicable (NOTE Registered	Agent signature required	d when reinstalling)	**************************************	DATE	·
FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00				.00 May Be led to Fees	1100000 04/18/05-	1312423 -80085-005	150.00
10.	OFFICERS AND DIREC	TORS		· ^ • • • • • • • • • • • • • • • • • •	ALVERT TO THE PERSON OF THE PE		. 7. 2
NAME Z STREET ADDRESS 3	PTD AMEL, ABOU 502 N POWERLINE RD OMPANO BEACH, FL 33069			·	<u> </u>		

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this bing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is byte 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:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-715-2700

Date