2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE ON TYPED OR PRINTED NAME

May 03, 2005 8:00 am Secretary of State DOCUMENT # P98000094609 05-03-2005 90168 008 ***150.00 LES SCHWARTZ, INC. Principal Place of Business Mailing Address 2455 E. SUNRISE BLVD. 2455 E. SUNRISE BLVD. SUITE 502 SUITE 502 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 500 04302005 Chg-P CR2E034 (10/03) 500 City & State City & State 4. FEI Number Applied For 65-0874079 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, LES Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD. SUITE 502 FORT LAUDERDALE, FL 33304 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE **X** Change Addition TITLE SCHWARTZ, LES NAME NAME STE JOO 2455 E. SUNRISE BLVD: . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33304 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete DITTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. es SIGNATURE

NING OFFICER OF DIRECTOR

FILED

Daytime Phone #