2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P99000026067 DUSTRIES, INC.		Secretary of State
Principal Place 3389 SHERII HOLLYWOOD			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			04222005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0908708 Not Applicable 5. Cartificate of Status Desired S8.75 Additional Fee Required
SERFATY, CHARLES S 4330 SHERIDAN ST STE 202-B DO NOT WRITE			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for title 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, your or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTORS PSTD CANTRELL, MARK 3389 SHERIDAN ST HOLLYWOOD, FL 33021		U00000331449 04/26/05-80018-010 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes 1 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: SIGNATURE: Daysime Prone #			