

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Filed AUG 31 2005

FILED
05 AUG 31 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000051497
1. Entity Name
ROBERT F. GERMAIN JR., INC.



Principal Place of Business
**3320-B N.E. 32ND STREET
FORT LAUDERDALE, FL 33308**

Mailing Address
**3320-B N.E. 32ND ST.
FORT LAUDERDALE, FL 33308**

2. Principal Place of Business
5230 S. UNIVERSITY DRIVE

3. Mailing Address
5230 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

City & State
DAVIE

City & State
DAVIE

Zip
33328

Country
USA

Zip
33328

Country
USA

08292005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0924992

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GERMAIN, ROBERT F JR.
3320-B N.E. 32ND STREET
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name **ROBERT F. GERMAIN JR.**

Street Address (P.O. Box Number is Not Acceptable)
5230 S. UNIVERSITY DRIVE

City **DAVIE** FL Zip Code **33328**

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 ROBERT F. GERMAIN JR., PRESIDENT DATE 8/29/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERMAIN, ROBERT F JR 3320-B N.E. 32ND STREET FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT F. GERMAIN JR. 5230 S. UNIVERSITY DRIVE DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059238910 09/01/05--01028--024 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: ROBERT F. GERMAIN JR., PRESIDENT Date 8/29/05 Daytime Phone # 954-680-3166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR