2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P99000053400 1. Entity Name 04-29-2005 90220 011 ***150.00 CURNOW & ASSOCIATES, INC. Principal Place of Business Mailing Address 2300 W. 80TH ST. 2300 W. 80TH ST. HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 701 NW 57 AVE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) o # 370 Gity & State City & State 4. FEI Number Applied For 65-0927159 Not Applicable Ζp Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURNOW, ANTONIO 19331 NW 77TH COURT Box Number is Not Ac Street Address (P HIALEAH FL 33015 City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change CURNOW, ANTONIO NAME NAME 62GO NW 1735十井1112 STREET ADDRESS 19331 NW 77TH COURT STREET ADDRESS HIALEAH FL 33015 LIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP STD TITLE Delete 1200W ANA M. 6260 NW 178 St # 1112 CURNOW, ANA M NAME NAME STREET ADDRESS 19331 NW 77TH COURT STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP HIALEAH FL 33015 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 peport 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 truetee 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED