
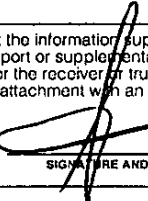


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90045 044 \*\*\*150.00

<b>DOCUMENT # P99000070836</b> 1. Entity Name <b>CONTENTS, INC.</b>					
Principal Place of Business <b>% OLIVER J LANGSTADT, ESQ. 815 PONCE DE LEON BLVD, CORAL GABLES, FL 33134</b>			Mailing Address <b>% OLIVER J LANGSTADT, ESQ. 815 PONCE DE LEON BLVD, SUITE P-201 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-1061159</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LANGSTADT, OLIVER J ESQ. 815 PONCE DE LEON BLVD. SECOND FLOOR CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GROSSMANN, HEINER SCHOENWASSERSTRASSE 12 47800 KREFELD, GERMANY, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ORLOWSKI, BARBARA SCHOENWASSERSTRASSE 12 47800 KREFELD, GERMANY, <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>✓ ORLOWSKI, JAROSLAW MARTIN</b> <b>SCHOENWASSERSTRASSE 12</b> <b>47800 KREFELD, GERMANY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> 			<b>HEINER GROSSMANN, President, 3/9/2005 305-461-5667</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		

ATTACHMENT  
50027057  
**RODRIGUEZ LANGSTADT & AGUERO**

*Attorneys at Law*

A Partnership of Professional Associations

815 Ponce De Leon Boulevard ■ Coral Gables, Florida 33134  
Telephone 305.461.5667 ■ Facsimile 305.461.4885

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Oliver J. Langstadt\*\*  
Gladys Aguero

\*Florida Supreme Court Certified Circuit Civil and Family Mediator  
\*\*Florida Supreme Court Certified Family Mediator

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Telephone: 01149-89-670030-0  
Telefax: 01149-89-670030-60

10<sup>th</sup> of March, 2005

**Sent via US Mail**

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

**RE:** Annual Report for Contents, Inc.  
Document # P99000070836

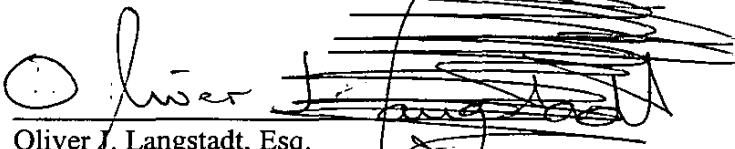
Dear Sir or Madame:

Please be advised that I am registered agent for the above referenced corporation.

Enclosed please find a signed 2005 For Profit Corporation Annual Report. The report has been signed by Heiner Grossman, president of the corporation. Also enclosed, please find a check made payable to the Florida Department of State in the amount of \$150.00, which represents the requisite filing fee.

Kindly process accordingly, and should you have any questions, please don't hesitate to contact me.

Sincerely yours,  
RODRIGUEZ LANGSTADT & AGUERO

  
Oliver J. Langstadt, Esq.

OJL/lm  
enclosure as stated