#### 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

#### **Secretary of State** 02-15-2005 90018 040 \*\*\*150.00 DOCUMENT # P99000100955 1. Entity Name 12 EOPB, INC. Principal Place of Business Mailing Address 7061 N.W. 10 PLACE 250 JACARANDA DR UNIT 110 PLANTATION, FL 33313 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0954510 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUKES, SAMUEL 250 JACARANDA DR UNIT 110 Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! - FEE IS \$150:00 -- --After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE Detete ☐ Change ☐ Addition DUKES, SHARON NAME NAME STREET ADDRESS 7061 N.W. 10 PLACE STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME DUKES, SAMUEL S NAME STREET ADDRESS 250 JACARANDA DR UNIT 110 STREET ADDRESS CITY-ST-ZIE PLANTATION, FL 33324 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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-\$T-ZIP 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.

FILED Feb 15, 2005 8:00 am

40018561



# **Division of Corporations**

## **Annual Report**

Document Number P99000100955 Business Entity Name 12 EOPB, INC.

FEI Number	650954510
FEI Number Status	<ul><li>Applied For C Not Applicable</li><li>Current</li></ul>
Certificate of Status Desired Election Campaign Financing T Contribution	rust Fund C Yes © No \$8.75 each
Princip	al Place of Business
Address	7061 N.W. 10 PLACE
Suite, Apt#, etc	The second of th
City, State	PLANTATION , FL
Zip Code & Country	
	ailing Address
Address	250 JACARANDA DR UNIT 110
Suite, Apt. #, etc.	esperante en la constitución de
City, State	PLANTATION , FL
Zip Code & Country	33324
	11 CD 1 1 A 4
	ddress of Registered Agent
Name (Last, First, Middle, Titl	e) DUKES , SAMUEL , ,
-or- RA Business Name	Mayor - wild recover the country of the second of the second seco
Address	250 JACARANDA DR UNIT 110
Suite, Apt. #, etc.	
City, State	PLANTATION , FL
Zip Code & Country	33324 US

If there is a change in registered agent, the new agent will need to type their name

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

### Officer/Director Name And Address

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Name (Last, First, Middle, Title	) DUKES	, SHARON		-
-or- Entity Name				
Street Address	7061 N.W. 10	PLACE	and the state of t	
City, State	PLANTATION		FL	
Zip Code & Country	33313			
Title	TD			
Name (Last, First, Middle, Title	) DUKES	SAMUEL	,s ,	
-or- Entity Name		Company of the Compan		
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Division of Corporations	ATTACHMENT 400 18 56 1 Page 3 of 3
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named above must type th	ve or an individual signing on behalf of an entity neir name in the 'Officer/Director Signature' block is not allowed in this block.  P gnature
This signature must document electronical permission of the incument under s.831.06, Flori	t be that of the individual "signing" this ly or be made with the full knowledge and dividual, otherwise it constitutes forgery da Statutes. The individual "signing" this as that the facts stated herein are true.
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