2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

| 6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145 6. 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 famility the obligations of registered agent are of registered agent and set if accitable FILE NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. ST. 2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS 10. | #(#7 #1119#) 11 (##) |
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| Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country 5. Certificate of Status Dasired ASS. Fee F. S. Name and Address of Current Registered Agent Name DADE CORPORATE SERVICES 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145 Street Address (P.O. Box Number is Not Acceptable) City FL Zip City FL Zip City FL Zip Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Signature Signature, breed or privated name of registered agent. Signature, breed or privated name of registered agent and the "f accidable" PLE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Signature, breed or privated name of registered agent and the "f accidable" P. Election Campaign Financing Trust Fund Contribution. Added to Fees Signature, breed or privated name of registered agent and the "f accidable" DATE PLOSHNICK, GARY SIRET ADDRESS CITY-ST-ZIP MAMI, FL 33142 Delete TITLE DOWNIN AMI, FL 33142 Delete TITLE MAMI, FL 33178 Delete TITLE MAMIN, FL 33 | Applied For Not Applicable |
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| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Z | |
| 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 the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rehasting) PILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE SIGERMAN, MICHAEL STREET ADDRESS OITY-ST-2P MIAMA SIREET ADDRESS OITY-ST-2P FILE NOWILI FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE MAME SIREET ADDRESS OITY-ST-2P MIAMI, FL 33142 D Delete TITLE D Delete TITLE MAME SIREET ADDRESS OITY-ST-2P MIAMI, FL 33178 D Delete TITLE MAME SIREET ADDRESS OITY-ST-2P MIAMI, FL 33178 D Delete TITLE MAME SIREET ADDRESS OITY-ST-2P MIAMI, FL 33178 D Delete TITLE MAME SIREET ADDRESS OITY-ST-2P TITLE MAME SIREET ADDRESS OITY-ST-2P MIAMI, FL 33178 D Delete TITLE MAME SIREET ADDRESS OITY-ST-2P | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaing) DATE | Code |
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| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the 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 of the corporation or the receiver of trustee approprieted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Bloc changed, or on an attachment with an addition, with all other like empowered. | nge Addition |
| SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DOLL DOLL DOLL DOLL DOLL DOLL DOLL DO | nge Addition |