## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 24, 2005 8:00 am Secretary of State

Pincipal Place of Business  Maling Addross  2. Principal Place of Business  Suits, Apt. 4, etc.  2. Principal Place of Business  Suits, Apt. 4, etc.  3. Making Addross  Suits, Apt. 4, etc.  3. Making Addros	DOCUMENT # P99000106201  1. Entity Name FULYA ACIKGOZ, INC.								02-24-2005 90028 025 ***150.00			
Suite, Apl. 4, etc.    Suite, Apl. 4, etc.   Suite, Apl. 4, etc.   O2112005 Chg. P CR2E004 (10/03)   Chy & Statio   Churdy   Sc. 6-0972580   Sc. 6-0	21632 LYNH	IURST WAY	•	216	21632 LYNHURST WAY				,			
City & State  City & City & State  City & St	2. Principal P	lace of Busin	less	3. Mailing Address			<del>:-</del>					
Section   Sect	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02112005 Chg-P CR2	E034 (10/03)		
S. Name and Address of Current Registered Agent  7. Name and Address of Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or body, in the State of Rorde, I am familiar with, and accept the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the the obligations of registered agent, or body, in the State of Rorde, I am familiar with, and accept the the I am familiar with, and accept the I am familiar with a fa	City & State				City & State					<del>- + -</del>		
ACIKGOZ, FAITH 9290 KETAY CIR, #4 BOCA RATON, FL 33428    City   Deep Agdiese (F.O. Box plumbe is Not Acceptable)	Zip								· <u>-</u>	Fee Require		
ACIKGOZ FAITH  Soreal Agdress (P.O. Box plumber is Not Acceptable)  City   Box   Barrow   FL   25 Cg/91    S. 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 displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Florida. I am familiar with, and accept the displaces of unitered agent, or both, in the State of Both and the state of												
B. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the familiar of part of the State of Florida State of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the familiar agent of both. In the Carlor of Florida State of F	ACIKGOZ, FAITH 9290 KETAY CIR., #4 BOCA RATON, FL 33428  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)											
8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida state of Florida. I am familiar with, and accept the Addition of Florida Statutes. I am familiar with, and accept the obligations of Florida Statutes. I further carrity into the information of the occitors of the occitor							<u> </u>	<u>Boc</u>	7 / 17 / 0/4		%\8	
SIGNATURE    Signature, higher or kereal offerd registered agont and stile if accidable.   INOTE, Registered Agont expeature repeature registered registered registered agont and stile if accidable.   INOTE, Registered Agont expeature registered registered registered agont and stile if accidable.   INOTE, Registered Agont expeature registered registered registered agont and stile if accidable.   INOTE, Registered Agont expeature registered register	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											
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.	1 Amilia											
### FILE NOWITY FEE IS \$150.00 ### Added to Fees	SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if a	pplicable. (NO	TE: Ragistere	d Agent signature	required	then reinstating) - DAT	<u> </u>		
TITLE D Change Addition NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P DELETE	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											
NME SIREE ADDRESS OCITY-ST-2IP DOCA RATON, FL 33428  ITILE PD ACIKGOZ, FULYA SIREE ADDRESS OCITY-ST-2IP TILE PD ACIKGOZ, FULYA SIREE ADDRESS OCITY-ST-2IP BOCA RATON, FL 33428  ITILE NAME SIREE ADDRESS OCITY-ST-2IP TILE Delete TILE NAME SIREE ADDRESS OCITY-ST-2IP TILE SIREE ADDRESS OCITY-ST-2IP SIREE ADDRESS	10.		OFFICERS A	VD DIRECT		11.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-2IP BOCA RATON, FL 33428 CITY-ST-2IP ITILE PD ACIKGOZ, FULYA STREET ADDRESS CITY-ST-2IP BOCA RATON, FL 33428  CITY-ST-2IP ACIKGOZ, FULYA STREET ADDRESS CITY-ST-2IP BOCA RATON, FL 33428 CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP T		LL 00.00					1	-		☐ Change	☐ Addition	
TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE	STREET ADDRESS	21602 LYNHURST WAY					ET ADDRESS					
NAME SITEET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428  CITY-ST-ZIP  NAME NAME SITEET ADDRESS CITY-ST-ZIP  Delde TITLE NAME SITEET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP CITY-ST-ZIP  Delde TITLE NAME SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROLLED SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROLLED SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROLLED SITEET ADDRESS CITY-ST-ZIP CONTROLLED SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROLLED SITEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROLLED SITEET ADDRESS CITY-ST-ZIP SITEET ADDRESS CITY-ST-ZIP SITEET ADDRESS CITY-ST-ZIP SITE										Change.	Addition	
CITY-ST-ZIP  ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET A		_ 55500								☐ Change	L_I Addition	
NAME STREET ADDRESS -CITY-ST-ZIP	l	1					E .		•			
STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  C	TITLE						E		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
CITY-ST-ZIP  TITLE    Delete   TITLE     Change   Addition   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   Change   Addition   NAME   NAME   NAME   NAME   NAME   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP    TITLE   Change   Addition   NAME   Change   Change   Change   NAME   Change   Change   Change   NAME   Change   Change   Change   Change   NAME   Chan	· -											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 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 trystee 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.	1		_								<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 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 trystee 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.	TITLE				☐ Delete					Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-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.		[										
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  TITLE  TITLE  Delete  TITLE  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-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.												
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-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.	ļ				☐ Delete	<del>-</del>				☐ Channe	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-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.	NAME									0.10.190		
ITILE  NAME  STREET ADDRESS  CITY-ST-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.												
NAME STREET ADDRESS CITY-ST-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.		-	·····									
STREET ADDRESS CITY-ST-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.		1			i velete					∟ unange	LI AGOICION	
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.						STRE	ET ADDRESS	*				
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.		<u> </u>										
SIGNATURE: /####################################	of the co	i on this repo rporation or t	rt or supplemental repo he receiver or trystee ei	rt is true an mpowered t	d accurate and that to execute this repor	my signa t as requi	ture shall hav	ve the	ame legal effect as if made under oath: tha	t I am an office	rordirector I	
	SIGNAT	URF.	HATTAL	LOS					02/18/05	54 41	5 7512	