

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90236 026 \*\*\*150.00

<b>DOCUMENT # S14436</b> 1. Entity Name <b>LAMBERT CORPORATION</b>			
Principal Place of Business 1815 GRIFFIN ROAD 301 DANIA BEACH, FL 33433 US		Mailing Address 1815 GRIFFIN ROAD 301 DANIA BEACH, FL 33433 US	
2. Principal Place of Business <b>6971 N. FEDERAL HWY</b> Suite, Apt. #, etc. <b>301</b>		3. Mailing Address <b>6971 N. FEDERAL HWY</b> Suite, Apt. #, etc. <b>301</b>	
City & State <b>BOCA RATON, FL</b> Zip <b>33487</b> Country		City & State <b>BOCA RATON, FL</b> Zip <b>33487</b> Country	
4. FEI Number <b>65-0340376</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOLOFSKY, PETER</b> <b>1815 GRIFFIN RD., STE 301</b> <b>DANIA BEACH, FL 33004</b>		7. Name and Address of New Registered Agent Name <b>PETER WOLOFSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6971 N. FEDERAL HWY. # 301</b> City <b>BOCA RATON, FL</b> Zip Code <b>33487</b>	
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 <u><b>PETER WOLOFSKY</b></u> DATE <b>4/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WOLOFSKY, PETER 1815 GRIFFIN RD., STE 301 DANIA BEACH, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PETER WOLOFSKY 6971 N. FEDERAL HWY, STE 301 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WOLOFSKY, HOWARD 1815 GRIFFIN RD., STE 301 DANIA BEACH, FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOWARD WOLOFSKY 6971 N. FEDERAL HWY, STE 301 BOCA RATON, FL 33487
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
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.			
SIGNATURE: <u><b>PETER WOLOFSKY</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/27/05</b> Daytime Phone # <b>561-945-7465</b>	

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04252005 Chg-P CR2E034 (10/03)