2005 FOR PROFIT, CORPORATION

FILED ΑM

ANNUAL REPORT				Jan 26, 2005 08:00 A				
1. Entity Nam	MENT # S20194 A. BERKOWITZ, J.D., C.P.A			Se	cretary o	f State		
200 SOUTH BISCAYNE BLVD SIXTH FLOOR		Mailing Address 200 SOUTH BISCAYNE BLVD SIXTH FLOOR MIAMI, FL 33131	.,					
E	OO NOT WRITE	The second secon	CE	01232005 4. FEI Numb 65-023	No Chg-P	CR2E034 (10/03	Applied For Not Applicable dditional	
		gistered Agent		444	NOT W		,·• ·	
	named entity submits this statement for the tions of registered agent. Signature, typed or priviled name of registered agent and	ille l'applicable. (NOTE: Registere	ad Agent signature required	d when reinstating)	th, in the State of FI	orida. I am familiar wit	h, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ, RICHARD A. 200 SOUTH BISCAYNE BLVD SIX MIAMI, FL					and the same of th		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERKOWITZ, RICHARD A. 200 SOUTH BISCAYNE BLVD 6TH MIAMI, FL	#000000195832 01726705-80044-024 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		No.			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE			1					

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 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:

NAME STREET ADDRESS CITY-ST-ZIP



CICHARO A. BERKOWITZ 1/24/05 305-374.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PICES. | Date |