## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Feb 03, 2005 08:00 AM DOCUMENT # S52841 Secretary of State 1. Entity Name FLORIDA CREOLE, INC. Principal Place of Business Mailing Address 209 S.W. 2ND STREET 209 S.W. 2ND STREET FORT LAUDERDALE FL 33301 US FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 65-0263229 Not Applicable Zip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZIMMERMAN, STEPHEN L ESQ. Street Address (P.O. Box Number is Not Acceptable) 737 E. ATLANTIC BLVD. POMPANO BEACH FL 33060 Zip Code City 3. 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PDS** DITLE ☐ Change Addition DITE Delete SULZINSKI, MARK NAME NAME U00000212102 02/<mark>03/05-8</mark>0016-024 150.00 STREET ADDRESS STREET AODRESS 11700 S.W. 1ST STREET CHTY-ST-ZIP PLANTATION FL 33325 CHY-ST-ZIP TITLE ☐ Change ☐ Addition HILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CHY-SI-21P CITY-S1-ZiP ☐ Change ☐ Addition TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Change Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes I further certify that the information indicated on this report or supplemental leport is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver of 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 actoress, with all o

UPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President