2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM Secretary of State

		- 				arvatavv	At State
DOCUMENT # S76270					5.	ecretary	oi State
1. Entity Name LAW OFFICES OF HALPER & TORNBERG, P.A.							
		· · · · · · · · · · · · · · · · · · ·	To the second				
Principal Place	e of Business	Mailing Address	<u>-</u>				
	ATLANTIC AVE	7431 WEST ATLANTIC AVE		ĺ			
49 DELRAY BEA	CH, FL 33446 US	49 DELRAY BEACH, FL 33446	US	E PROMOTORPEN FA	il (mark hille liki) rekli karf	Binif menir meneralander mener	Nimilas is indi
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п	O NOT WRITE	CE	01122005	No Chg-P	CR2E034 (10/0	<u> </u>	
Ų	O NOT WHITE	O L.,	4. FEI Numb			Applied For Not Applicable	
		•			e of Status Desired	□ \$8.75 / Fee Regu	
	6. Name and Address of Current R	gistered Agent	والمستواد والمستواد والمستواد	<u> </u>		rea nequ	ileu
HALPER, I	DEAN R		D0	NOT W	DITE	į.	
7431 WES	T ATLANTIC AVE	DO NOT WRITE					
STE 49 DELRAY BEACH, FL 33446			!	IN .	THIS SP	ACE	
		***				and the second s	the and the
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am familiar w	th, and accept
SIGNATURE_		_	1.144.1	į.	. · ·		
	Signature, typed or printed name of registered agent are	d title if applicable. (NOTE: Registere	d Agent signature required	d when reinstating)	, , , , , , , , , , , , , , , , , , , 	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	.00 May Be led to Fees	 UOOOO!	0230171		
10.	OFFICERS AND D		<u>r</u>			<u>-80033-002</u>	150.00
IUTE	D						
NAME Street address	HALPER, DEAN R. 7431 WEST ATLANTIC AVE						}
CITY-ST-ZIP	DELRAY BEACH, FL 33446		<u> </u>				
title Name							
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-				
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TATLE				IN '	THIS SF	PACE	
NAME STREET ADDRESS							
CITY-ST-ZIP	<u> </u>					و مدر استوانی و معاونی استوانی	
TITLE NAME							
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CITY-ST-ZIP						****	. –
NAME			I				
STREET ADDRESS CRY-ST-ZIP	_	Section 1997				and the second second	المتعالم المعارض المناطق
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: Decle Septem 2/10/05 56/885833							