2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

20362 NE 16TH PLACE NORTH MIAMI BEACH, FL 33179 DO NOT WRITE IN THIS SPACE O1242005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-030/7849 Applied For Not Applied by Sp. 75 Additional Fee Required 6. Name and Address of Current Registered Agent WELCOVITZ, SAMUEL L 20362 NE 16TH PLACE NORTH MIAMI BEACH, FL 33179 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, i in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or phristed name of registered agent and 18th if spoilcable. (NOTE, floregistered Agent signifure required when refrastritor) P. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Addied to Fees.	1. Entity Name ANSAM C	CORP.			Secretary of Sta	ne	
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WELCOVITZ, SAMUEL L 20362 NE 16TH PLACE NORTH MIAMI BEACH, FL 33179 3. The above named entity submits this statement for the purpose of changing like registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. 3. The above named entity submits first statement for the purpose of changing like registered eight of the obligations of registered agent. 3. The above named entity submits first statement for the purpose of changing like registered eight of the obligations of registered agent, or both, I in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, I in the State of Florida, I am familiar with, and accept the obligations of registered agent, or both, I in the State of Florida, I am familiar with, and accept the obligation of registered agent, or both, I in the State of Florida, I am familiar with, and accept the state of Florida, I am familiar with, and accept the State of Florida State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar with, and accept the State of Florida, I am familiar wi	מ			CE	01242005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0307849 Not Applied For Not Applied For Status Desired S8.75 Additional	· 	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$55.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRE	the obligations of registered agent. SIGNATURE						
TITLE NAME STRETARDESS CITY-ST-ZP NORTH MAMI BCH, FL U00000321108 04/21/05-80050-014 150.00 04/21/05-80050-014 150.00 TITLE NAME STRETARDESS CITY-ST-ZP STRETARDESS	FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
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NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	NAME Street address	WELCOVITZ, SAMUEL L 20362 NE 16TH PLACE			U00000321108 04/21/05-80060-014 150.	. 00	
IN THIS SPACE IN THI	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP 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 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: SIGNATURE SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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SIGNATURE: 4-18-05 305-653-2270 SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone /	STREET ADDRESS CITY-ST-ZIP	4 4 4 4 4	TO ATT.		allo 40 OTOM - 3. Facility Clarity - 16 Character of the Market		
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone of	SIGNATURE: 4-18-05 305-653-2270						
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