## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # V14664 02-14-2005 90074 021 \*\*\*158.75 BRANCHING OUT, INC. Principal Place of Business Mailing Address 23300 SW 134 AVE **20012100** 23300 SW 134 AVE MIAMI, FL 33032 MIAMI, FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0417608 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, STEVEN Street Address (P.O. Box Number is Not Acceptable) 21355 S.W. 192ND AVENUE MIAMI, FL 33187 Zip Code City 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. Scoretics, typed or protect name of registered egent and title if applicable. (NOTE: Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT WAST STEVEN ■ Addition Change . TITLE Delete TITLE HURST, STEVEN HURST 21355 SW 192 NVE. NAME NAME STREET ADDRESS 21355 S.W. 192ND AVENUE STREET ADDRESS FL 33187 CITY-ST-7P MIAMI CITY-ST-ZIP MIAMI, FL ☐ Change ■ Addition Delete TITLE TITLE HURST, ETHEL NAME NAME STREET ADDRESS STREET ADDRESS 21355 S.W. 192ND AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL ■ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITL F TITLE ☐ Celete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 outh; 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: \_\_

ME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 14, 2005 8:00 am