2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AM Secretary of State

Daylime Phone #

1. Entity Nam	MENT # V32784 PERATIONS, INC.	-			secretary or state
400 SE 15TI	e of Business H STREET #3 ALE, FL 33316 US	Mailing Address 400 SOUTHEAST 15TH STREET APT 3 FT LAUDERDALE, FL 33316	US		
D	O NOT WRITE 6. Name and Address of Current R		CE	02192005 No Chg-P 4. FEI Number 65-0329349 5. Certificate of Status Desired	CR2E034 (10/03) Applied For [Not Applicable at S8.75 Additional Fee Required]
CALDWELL, GEORGE JR 400 SE 15TH STREET #3 FT LAUDERDALE, FL 33316			DO NOT WRITE IN THIS SPACE		
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 Signature. Typed of printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. TITLE NAME STREET ADDRESS	PST CALDWELL, GEORGE JR 400 SE 15TH STREET #3	IRECTORS			
CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE, FL	 	<u></u>	U00 04/28/	0000340752 '05-80129-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	DO NOT V	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. (hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 flustee 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 attentiment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Prince N					