

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 033 ***150.00

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01262005 No Chg-P CR2E034 (10/03)

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0354017 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A.
200 SOUTH BISCAYNE BLVD.
SUITE 3150
MIAMI, FL 33131

**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 or 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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GREEN, CAROLE 3550 N.W. 112TH STREET MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GREEN, ARTHUR 2800 ISLAND BLVD #2801 WILLIAMS ISLAND, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | -V- GREEN, WILLIAM 3550 N.W. 112 STREET MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V CONTENTO, ROBERT 3550 N.W. 112 STREET MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05 305-688-5400