2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED DOCUMENT # V64479 Feb 21, 2005 08:00 AM 1. Entity Name **Secretary of State** 1781 BUILDING, INC. Principal Place of Business Mailing Address 1781 SW 7TH AVE POMPANO BEACH FL 1781 SW 7TH AVE POMPANO BEACH FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0375493 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, MARTIN Street Address (P.O. Box Number is Not Acceptable) 1781 SW 7TH AVE POMPANO BEACH FL Zip Code City FL 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 signalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE DP Delete TITLE U00000238143 RODRIGUEZ, MARTIN NAME NAME 02/21/05-80085-020 150.00 STREET ADDRESS STREET ADDRESS 1781 SW 7TH AVE POMPANO BCH FL CITY-ST-ZIP CITY-ST-ZIP Addition DV Delete TITLE Change THILE ROSEMAN, LARRY MAME STREET ADDRESS 2415 AUBURN LN STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL CITY-ST-ZIP Change Addition Delete TITLE DS NAME ORTIZ, JULIO STREET ADDRESS STREET ADDRESS 872 SW 68TH AVE CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL ☐ Addition HDE Change TITLE Delete MICHAELS, JOEL NAME NAME 1508 GRANT STREET ADDRESS STREET ADDRESS NORTHBROOK IL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.