


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V71021</b> 1. Entity Name <b>FULSOM CORP.</b>				
Principal Place of Business <b>18071 BISCAYNE BLVD SUITE 1804 MIAMI, FL 33160</b>		Mailing Address <b>18071 BISCAYNE BLVD SUITE 1804 MIAMI, FL 33160</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
				02222005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>65-0364190</b>		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>PLATNICK, MARGO 18071 BISCAYNE BLVD SUITE 1804 MIAMI, FL 33160</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000267103 03/17/05-80056-017 150.00		
TITLE	P			
NAME	PLATNICK, MARGO			
STREET ADDRESS	18071 BISCAYNE BLVD. #1804			
CITY-ST-ZIP	MIAMI, FL 33160			
TITLE	S			
NAME	PLATNICK, JOSEPH			
STREET ADDRESS	18071 BISCAYNE BLVD. #1804			
CITY-ST-ZIP	MIAMI, FL 33160			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
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 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: <i>Margo Platick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/05 305 932 1010 <small>Date Daytime Phone #</small>		