2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM **DOCUMENT # 213012 Secretary of State** Entity Name FRATERNITY HOUSE, INC. Principal Place of Business Mailing Address 250 MERIDIAN AVENUE #5 250 MERIDIAN AVENUE #5 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-6064850 Not Applier 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 LARA, JOSE Street Address (P.O. Box Number is Not Acceptable) 250 MERIDIAN AVE MIAMI BEACH FL 33139 City Zip Code 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. 1 am familiar with, and accurate the obligations of registered agent. SIGNATURE Signature types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to For Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THEE ☐ Change ☐ Ad-NAME LARA, JOSE NAME U00000459216 STREET ADDRESS 250 MERIDAN AVE STREET ADDRESS 03/17/06-80035-019 150.00 CITY-ST-ZIF MIAMI BCH. FL CITY-ST-ZIP T135 F ☐ Delete T)7LE ☐ Change □ A40 NAME NICHOLSON, JOSEPH MAASE STREET ADDRESS STREET ADDRESS 250 MERIDIAN AVE., APT. 4 CITY-SI-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TRUE ☐ Detete TITLE ☐ Change ∏ Aá" MAME WINGATE, DOUG MAME STREET ADDRESS 250 MERIDIAN AVE APT 6 STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE ☐ Delete BRE ☐ Change □Æ NAME FREEMAN, SAM NAME STREE I ADDRESS 250 MERIDIAN AVE APT 3 STREET ADDRESS CHTY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete me ☐ Chance □ Ad-NAME NAME STREET ADURESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 3133.6 Change 田松 NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZSP CHY-ST-779

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction 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 to if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2 - 7 - 2 006

305 - 534 - 5330