


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 341854</b> 1. Entity Name 22-EAST ADVERTISING AGENCY, INC.	
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Principal Place of Business 22 E FLAGLER ST MIAMI, FL 33131	Mailing Address %FEDERATED CORPORATE SERVICES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202 US
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**DO NOT WRITE IN THIS SPACE**

FILED  
06 APR 19 AM 8:56  
TALLAHASSEE STATE  
TALLAHASSEE, FLORIDA



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0081436	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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees 04/28/06--01035--006 \*\*\*1800.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DENNIS J. BRODERICK 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARIAPPA, PADMA T 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KAREN M. HOGUET 7 WEST SEVENTH STREET CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COX, JACK B 7 W. 7TH STRET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:**  Jack B. Cox, Asst. Secretary 4/15/06 (513) 579-7311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #