

SIGNATURE:

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 603751 1. Entity Name KEITH AND SCHNARS, P.A.					SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAY 15 AM 10: 15		
Principal Place 6500 N AND FORT LAUDE		Mailing Address 6500 N ANDREWS AVE. FORT LAUDERDALE, FL 3330	09	110000	88188	. 11811 21811 81811 81811 81811 1181	
4500 North Andrews Are 4500		3. Mailing Address USON North F Suite, Apt. #, etc.	O North Andrews Are		Chg-P	CR2E034 (11/05)	
Ft LCu	iderdole FL	Ft Landerdale	PL	4. FEI Numbe 59-1400		No	plied For t Applicable
Zip -333	DA Country USA	33309	us.A	 _ _ . 	of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered Agent	
KALAYCI, TANZER H 6500 N ANDREWS AVE FT. LAUDERDALE, FL 33309			Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDE	ERDALE, PL 33309						
			City			FL Zip Code	е
	named entity submits this statement for tions of registered agent.	he purpose of changing its regist	ered office or r	egistered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered agent an	titile if applicable. (NOTE: Regist	ered Agent signatur	e required when reinstating)		DATE	
Am	ended AR is \$61.25	Selection Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	RECTORS 1	1.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VP KALAYCI, ERROL 6500 N ANDREWS AVE. FORT LAUDERDALE, FL 33309	N	AME TREET ADDRESS	VPD Davis, Michael 4500 North Arx Ft Laud <i>ordo</i> lc	heus me	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, BRUCE 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309	N E s	TLE AME TREET ADDRESS	D Lazowick, Adol 1500 North Ar Pt-Laudordole	phineDodie drews Are		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV MOSHIER, MARK DSV 6500 N ANDREWS AVE. FORT LAUDERDALE, FL 33309	N S	ITLE AME TREET ADDRESS ITY-ST-ZIP	05/2·	00075 1/06-0100	_ Change 1.06192 3007 **70.	☐ Addition
TITLE NAME STREET ADDRESS	-	D B-lists					CT Addition
CITY-ST-ZIP	D KALAYCI, TIM D 6500 N ANDREWS AVE FORT LAUDERDALE, FL 33309	N S	ITLE AME TREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KALAYCI, TIM D 6500 N ANDREWS AVE	N S C C □ □ Delete □ T N S	AME TREET ADDRESS			☐ Change	Addition

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.

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954-776-1616

Dayame Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR