2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # 223980					
Bons (21)				06 JUL 26 AM 8: 05	
1200a 1	Wind	Duc		SEURETARY OF STATE	
Principal Place of Bus	iness	Mailing Address:		SEURETARY OF STATE ALLAHASSEE, FLORIDA	
4350 NW 19TH AVENUE		P. O. BOX 97-0069			
SUITE C POMPANO BEACH FL 33064 US		STE 100 BOCA RATON FL 33497-0069 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)	
City & State		City & State		4. FEI Number/9 - 15/1931 Applied For Not Applicable	
Z ip	Country	Zíp	Gountry	5. Certificate of Status Desired \$8.75_Additional Fee Required	
6. N	lame and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent	
			Name		
PALOMBI, GARY 4350 NW 19TH AVENUE			Street Addre	ss (P.O. Box Number is Not Acceptable)	
STE C POMPANO BEACH FL 33064					
			City	FL	
8. The above named entity submits this statement for the perpose 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 GARY Palembi					
SIGNATURE Signature, types or uniqualitate of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State					
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
ππε Ρ		☐ Delete	TITLE 1	Victor Toxcia Change Addition	
NAME			NAME	290 W. Palmetto ail Pd	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	33 132	
TITLE		Delete	TITLE V P	Change Addition	
NAME			NAME	when you	
STREET ADDRESS			STREET ADDRESS	290 W falmetto Can for	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Colon 32 33432	
TITLE		☐ Delete	TITLE T	Change Addition	
STREET ADDRES			STREET ADORESS	290 W farmetto Tailed	
CITY - ST - ZIP			CITY - ST - ZIP	Bocal laton 32 33432	
TITLE 7		☐ Delete	TITLE S	Becky Corning Detange Addition	
NAME A STREET 400RESS 6			NAME	290 1 1 formatto Poulld.	
STREET ADDRESS 6 CITY-ST-ZIP B			STREET ADORESS CITY-ST-ZIP	2000/ 6/10 30 33/31	
TITLE		☐ Delete	TITLE	Change Addition	
NAME			NAME	,	
STREET ADDRES CITY-ST-ZIP			STREET ADDRESS CITY-SY-ZIP	300078230543 08/01/0601047002 **61.25	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME CYRCET LODDESC			NAME	JC 8/1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
<u> </u>	hat the information supplied with	a this filing does not qualify fo	<u> </u>	tained in Section 119. Florida Statutos, Liurther certify that the information	

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 eath; that I am an officer or director of the corporation or the receiver or trustee simpowerely be execute this report as required by Chapter 617, Florida Statutes; and that flay name appears in Block 10 or Block 11 if changed, or on an attrictment with an address, with a string like employment.