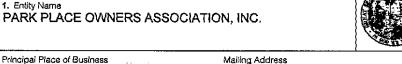
## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED** Jan 17, 2006 08:00 AM Secretary of State

DOC	UME	NT # '	732920
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1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026





1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1604092

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOBELI, MURRAY 1350 SAINT CHARLES PLACE PEMBROKE PINES, FL 33026

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered offi	ice or registered agent, or bo	oth, in the State of Florida. I am familia	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered Agent	signature required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	OTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC TOPOLSKY, HARRY J. DR. 1000 ST. CHARLES PLACE PEMBROKE PINES, FL			000000389665 01/20/06_80056-002	S1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOPPEL, LLOYD 1400 ST. CHARLES PLACE PEMBROKE PINES, FL 33026				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDMAN, NATHAN 1100 ST CHARLES PL PEMBROKE PINES, FL 33026		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODMAN, BEN 1100 ST. CHARLES PLACE PEMBROKE PINES, FL 33026		IN	THIS SPACE	e Entro
TITLE NAME STREET ADDRESS CITY-ST-ZIP				no extension of the control of the c	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			

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 emperies to execute this report as required by Chapter 617, 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:

1 REASUREM

954- 431- 4007