04/25/2006 11:41 3154378244 STF SERVICES

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State
05-03-2006 90219 010 ***150.00

5

DOCUMENT # F91520

1. Entity Name
STUART LIPINSKY, C.P.A., P.A.

Principal Place of Business
520 N.W. 165TH ST. RD #212
MIAMI, FL 33169

Mailing Address
520 N.W. 165TH ST. RD #212
MIAMI, FL 33169

66018645

04252006 No Chg-P CR2E034 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2208201

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPINSKY, STUART
520 N.W. 165TH ST. RD
SUITE 212
MIAMI, FL 33169

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

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LIPINSKY, STUART
STREET ADDRESS	520 NW 165TH ST RD #212
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 6/9/06 305-945-8900
SIGNATURE ACCEPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #