

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # L41317**

1. Entity Name  
**ERIC L., INC.**



Principal Place of Business  
 1920 E. HALLANDALE BEACH BLVD  
 STE 906  
 HALLANDALE, FL 33009 US

Mailing Address  
 1920 E. HALLANDALE BEACH BLVD  
 SUITE 906  
 HALLANDALE, FL 33009 US



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0186382** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

LIPSON, ARTHUR  
 1920 E. HALLANDALE BCH BLVD  
 STE 906  
 HALLANDALE, FL 33009

**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 \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

00000513967  
 04/29/06-80149-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE: P  
 NAME: LIPSON, ARTHUR E  
 STREET ADDRESS: 1920 E. HALLANDALE BEACH BLVD STE #906  
 CITY-ST-ZIP: HALLANDALE, FL 33009

TITLE  
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 CITY-ST-ZIP

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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 807, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR E LIPSON 4/14/06 954 457-1117  
 PRES.

Date

Daytime Phone #