2006 FOR PROFIT CORPORATION

Apr 06, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # M26276 1. Entity Name JOSEPH HELD COMPANY Principal Place of Business Mailing Address ONE EAST BROWARD BLVD. ONE EAST BROWARD BLVD. **SUITE 1010** SUITE 1010 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 CR2E034 (11/05) 04032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2637838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSS, MANELLA H ESQ DO NOT WRITE ONE EAST BROWARD BLVD. **SUITE 1010** IN THIS SPACE FORT LAUDERDALE, FL 33301 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if epplicable. U00000495192 04/20/06-80075-014 150.00 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS 71728 HELD, KENNETH S 1900 GLADES RD STE 220 STREET ADORESS CITY-ST-ZIP BOCA RATON, FL 33431 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED