


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 036 ****70.00

DOCUMENT # N00000001597	
1. Entity Name USS HOGA YT-146 ASSOCIATION, INC.	

Principal Place of Business 2607 S. PARKVIEW DR HALLANDALE, FL 33009	Mailing Address 2607 S. PARKVIEW DR HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



02122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0990265	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, MITCHELL
 3800 SO. OCEAN DR., STE. 219
 HOLLYWOOD, FL 33019

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SILVERSTRI, GINA L 4470 RAVENWOOD ROAD FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD CARSTEN, ED 4470 RAVENWOOD ROAD FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVESTRI, JAMES 4470 RAVENWOOD ROAD FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP TERMINELLO, LOUIS 4470 RAVENWOOD ROAD FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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: *Gina L. Silvestri* GINA L. SILVESTRI Date: 2/13/06 Daytime Phone #: 954-558-0415