

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90020 015 \*\*\*\*70.00



**DOCUMENT # N95000004862**  
1. Entity Name  
**SHAKE-A-LEG MIAMI, INC.**

Principal Place of Business      Mailing Address  
**2620 S BAYSHORE DRIVE**      **2620 S BAYSHORE DRIVE**  
**MIAMI FL 33133**      **MIAMI FL 33133**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**65-0611917**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HORGAN, HARRY R**  
**7901 SW 50 COURT**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2620 South Bayshore Drive**  
City **Miami**      **FL**      Zip Code **33133**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDY, VLADIMIR	
STREET ADDRESS	3802 LITTLE AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	C	<input type="checkbox"/> Delete
NAME	GREEN, BARTH	
STREET ADDRESS	620 SABAL PALM RD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENBERGER, ROGER	
STREET ADDRESS	14500 SW 94 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	P	<input type="checkbox"/> Delete
NAME	HORGAN, HARRY R	
STREET ADDRESS	7901 SW 50 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, HARTZ	
STREET ADDRESS	4800 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FORMAN, LARRY	
STREET ADDRESS	6505 SUNSET DR W ATRIUM	
CITY-ST-ZIP	MIAMI FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *[Signature]*