

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90114 003 ****61.25

40040374



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0678828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTIN E. SEGAL, P.A.
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES, FL 33134

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

**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	PD SEGAL, ROSE 860 LAKEVIEW DRIVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SEGAL, MARTIN E 2899 COLLINS AVE, PH-K MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEGAL, HOWARD A 1229 STATE ROUTE 43 #3 STEPHENTOWN, NY 12168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEGAL (BERNSTEIN), SKYWARD B 110 FIRST TERRACE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEGAL (GOLDMAN), RUTH S 18141 SW 27TH ST MIAMI, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SEGAL, BARRY DAVID 2514 OAKENSHIELD DR POTOMAC, MD 20854

**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 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: M. Segal, VP. 3/24/06 (305) 284-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #