2006 FOR PROFIT CORPORATION

FILED Apr 07, 2006 08:00 AM

ANNUAL REPURT					Secretary of State			
DOCUMENT # P01000087450 1. Entity Name 9745 CORP, INC.					Secre	iary oi	State	
Principal Place of Business 960 ARTHUR GODFREY RD., SUITE 116 960 ARTHUR GODFREY RD., MIAMI BCH, FL 33140 MIAMI BCH, FL 33140 MIAMI BCH, FL 33140		URTE 116			 			
C	OO NOT WRITE	CE	03292008 4. FEI Number 65-0777		CR2E034	mm (m ()) @ (-) m () / m ()		
6. Name and Address of Current Registered Agent FRANKEL, JUDITH A 960 ARTHUR GODFREY RD., SUITE 116 MIAMI BCH, FL 33140			DO NOT WRITE IN THIS SPACE					
	a named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flo	rida. I am Iami	liar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registers	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 7. Election Campaign Finant Trust Fund Contribution.				00 May Be ed to Fees				
10.	OFFICERS AND 1	DIRECTORS						
THITLE NAME STREET ADDRESS CHY-ST-ZIP	D MILLER, ELLIOT L 960 ARTHUR GODFREY RD., SU MIAMI BCH, FL 33140	RITE 116			U000004 04/22/06∹	196736	4 150 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U4/ <i>22/U</i> 6~i	38023-02	4 150.00	
title Name Street address City-St-Zip				DO I	NOT W	RITE		
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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 fearth 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 prospective or provided 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 egipplicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/30/06

Daytime Phone #