
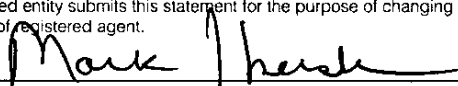
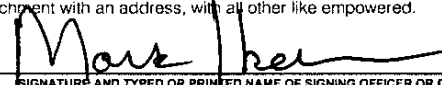


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90002 019 \*\*\*150.00

<b>DOCUMENT # P03000026628</b>			
1. Entity Name FINKELSTEIN ENTERPRISES, INC.			
Principal Place of Business 4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160		Mailing Address 4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160	
2. Principal Place of Business 1475 Commodore Way		3. Mailing Address 1475 Commodore Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33019		Country Broward	
4. FEI Number 14-1874779		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINKELSTEIN, SAMUEL 4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name MARK FINKELSTEIN Street Address (P.O. Box Number is Not Acceptable) 1475 Commodore Way City Hollywood FL 33019	
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:  March 1, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINKELSTEIN, SAMUEL 4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P MARK FINKELSTEIN 1475 Commodore Way Hollywood, Florida 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATTI LYNN FRIEDMAN <del>75 Rainier Trce Circle</del> 3702 Michelle Way Baltimore, Maryland 21208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		March 1, 2006 954-214-5530	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

