FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90404 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053426

1. Entity Name
815 NORTH DIXIE, INC.

40075949

04272006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~333 ARTHUR GODFREY ROAD STE 410~~ MIAMI BEACH, FL ~~33140~~	~~333 ARTHUR GODFREY ROAD STE 410~~ MIAMI BEACH, FL ~~33140~~
2. Principal Place of Business: 1680 Michigan Ave	3. Mailing Address: 1680 Michigan Ave
Suite, Apt. #, etc.: #1001	Suite, Apt. #, etc.: #1001
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number: ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALPERN, MARC A C/O HALPERN RODRIGUEZ, LLP 370 MINORCA AVE STE 8 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPV ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HALPERN, MARC R	NAME	
STREET ADDRESS	~~333 ARTHUR GODFREY ROAD~~ STE ~~410~~	STREET ADDRESS	1680 Michigan Ave-Suite 1001
CITY-ST-ZIP	MIAMI BEACH, FL ~~33140~~	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	ST ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HALPERN, MARC R	NAME	
STREET ADDRESS	~~333 ARTHUR GODFREY ROAD~~ STE ~~410~~	STREET ADDRESS	1680 Michigan Ave-Suite 1001
CITY-ST-ZIP	MIAMI BEACH, FL ~~33140~~	CITY-ST-ZIP	Miami Beach, FL 33139
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/27/06 305-535-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #