2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AV

DOCUMENT # P98000038492 1. Entity Name 053, INC.				Sec	cretary of Stat	æ	
Principal Place of Business Mailing Address 1350 E. NEWPORT CENTER DRIVE, SUITE 206 P.O. BOX 4219 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442							
DO NOT WRITE IN THIS SPAC				04212006 4. FEI Nurr 06-15	No Chg-P	CR2E034 (11/05) Applied For Not Applica \$8.75 Additional Fee Required	<u>-</u>
6. Name and Address of Current Registered Agent							
KAY, JAMES R KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410					NOT W		
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			d Agent Signature re	equired when reinstalling)	 _	DATE	٠
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	1				_
HILE NAME STREET ADDRESS CITY-ST-ZIP	D REIBLING, LORENZ 1350 E. NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH, FL 33442				Linoses	F00304	
OTLE NAME STREET ADDRESS CITY-ST-ZIP	MANE REIBLING, GUENTHER STREET ADDRESS 1350 E. NEWPORT CENTER DRIVE, SUITE 206				05/09/06-	539784 80114-003 158.75	
NAME STREET ADDRESS CHY-ST-ZIP	NAME KASSOF, LINDA STREET ADDRESS 1350 E NEWPORT CENTER DR STE 206				NOT W	•	
TITLE NAME STREET ADDRESS CHY-SI-ZIP			IN THIS SPACE				
unt			1				

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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP HHE MAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Kassof

04/27/2006

(954) 428-4585

Date

Daytime Phone #