



**2006 FOR PROFIT CORPORATION ANNUAL-REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90224 026 \*\*\*150.00

|  |                                    |   |   |  |                                   |
|--|------------------------------------|---|---|--|-----------------------------------|
| DOCUMENT # S90749<br>1. Entity Name<br>1763 TAMIAMI CORPORATION  |                                    |   |   |                                     |                                   |
| Principal Place of Business<br>1601 BELVEDERE RD<br>SUITE 407 SOUTH<br>WEST PALM BEACH, FL 33406 US  |                                    | Mailing Address<br>1601 BELVEDERE RD<br>SUITE 407 SOUTH<br>WEST PALM BEACH, FL 33406 US |   |  |                                   |
| 2. Principal Place of Business   |                                    | 3. Mailing Address  |   | <br>04212006 Chg-P CR2E034 (11/05) |                                   |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.   |   |  |                                   |
| City & State   |                                    | City & State  |   |  |                                   |
| Zip  | Country                            | Zip   | Country   |  |                                   |
| 4. FEI Number<br>65-0295615  |                                    |   |   | Applied For<br>Not Applicable  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                    |   |   | \$8.75 Additional Fee Required   |                                   |
| 6. Name and Address of Current Registered Agent  |                                    |   | 7. Name and Address of New Registered Agent           |  |                                   |
| MAPES, PAUL<br>1601 BELVEDERE RD<br>SUITE 407 SOUTH<br>WEST PALM BEACH, FL 33406   |                                    |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                    |   |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>        |   | <b>\$5.00 May Be Added to Fees</b>   |                                   |
| 10. OFFICERS AND DIRECTORS   |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
| TITLE  | PD                                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | METZ, JOHN                         |   | NAME  |  |                                   |
| STREET ADDRESS   | 8008 S. FLAGLER COURT              |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | W. PALM BEACH, FL 33405            |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | CDS                                | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | MEYER, ARTHUR                      |   | NAME  |  |                                   |
| STREET ADDRESS   | 1601 BELVEDERE RD 407 S            |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | W. PALM BEACH, FL 33406            |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | SD                                 | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | ASARCH, GAIL                       |   | NAME  |  |                                   |
| STREET ADDRESS   | 1601 BELVEDERE RD 407 S            |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | W. PALM BEACH, FL                  |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | T                                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | MAPES, PAUL                        |   | NAME  |  |                                   |
| STREET ADDRESS   | 1601 BELVEDERE RD, SUITE 407 SOUTH |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | W. PALM BEACH, FL 33406            |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | D                                  | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | MEYER, SYDELLE                     |   | NAME  |  |                                   |
| STREET ADDRESS   | 1601 BELVEDERE RD, STE 407 SOUTH   |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33406          |   | CITY-ST-ZIP   |  |                                   |
| TITLE  |                                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> 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: <i>Gail Asarch</i>  |                                    | Date: 4/21/06   |   | Daytime Phone #: 561/689-6601  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                    | Date  |   | Daytime Phone #  |                                   |