

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90094 001 ***450.00

66000261



01112006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1955574** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SMITH, STEPHEN H
8725 N.W. 18TH TERRACE
SUITE 105
MIAMI, FL 33172

7. Name and Address of New Registered Agent

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: _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, STEPHEN H	
STREET ADDRESS	8725 N.W. 18TH TERRACE , #105	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEINL, J L III	
STREET ADDRESS	8725 NW 18 TER, #105	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REDLICH, EDWARD J	
STREET ADDRESS	8725 NW 18TH TERRACE #105	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCHEMRY, PHYLLIS S	
STREET ADDRESS	8725 N.W. 18TH TERRACE #105	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David A. Noble	
STREET ADDRESS	8725 N.W. 18th Ter., #105	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06
Date

786 435 2501
Daytime Phone #