2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J41467

1. Entity Name
2065 N.E. 151ST STREET CORPORATION

Principal Place of Business	Mailing Address
% HOWARD SKLAR P.O. BOX 280 FLAGLER BEACH, FL 32136 US	% HOWARD SKLAR — P.O. BOX 280 FLAGLER BEACH, FL 32136 US

DO NOT WRITE IN THIS SPACE

02032006   No Chg-P   CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SKLAR, HOWARD
3231 N OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

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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

TITLE	P
NAME	SKLAR, HOWARD
STREET ADDRESS	3231 N OCEANSHORE BLVD.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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: _Howard Sklar President_   3-30-06   386 439 0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #