

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000015118

1. Entity Name
HIGH CLIFF HOLDINGS, INC.



Principal Place of Business
**4612 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487**

Mailing Address
**4612 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0660190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILANI, CAMILLO D
4612 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPV
MILANI, LUCIA
4612 S. OCEAN BLVD
HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MILANI, CAMILLO D
4612 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000516790
05/01/06-80018-016 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAMILLO D MILANI, April 12/06 (561) 272-3303