

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L41317

1. Entity Name
ERIC L., INC.



Principal Place of Business
1920 E. HALLANDALE BEACH BLVD
STE 906
HALLANDALE, FL 33009 US

Mailing Address
1920 E. HALLANDALE BEACH BLVD
SUITE 906
HALLANDALE, FL 33009 US



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0166382
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

LIPSON, ARTHUR
1920 E. HALLANDALE BCH BLVD
STE 906
HALLANDALE, FL 33009

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000513967
04/29/06-80149-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
LIPSON, ARTHUR E
STREET ADDRESS
1920 E. HALLANDALE BEACH BLVD STE #906
CITY-ST-ZIP
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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

ARTHUR E LIPSON
PREP. 4/14/06 954 457-1114
Date Daytime Phone #