
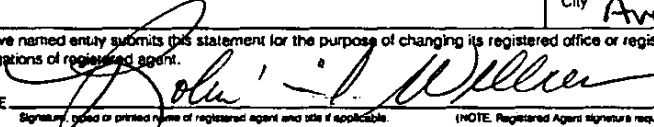


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2006 8:00 am
Secretary of State

04-27-2006 90188 039 ***150.00

DOCUMENT # P98000003804 1. Entity Name ATLANTIC ZEDEK, INC.					
Principal Place of Business 18851 NE 29TH AVE., #901 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE., #901 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0846863	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND STREET SUITE 2900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Robin J. Willner, Esq. Street Address (P.O. Box Number is Not Acceptable) 90 North Bousso & Katsman & Schneider LLP 18851 NE 29 Avenue Ste 900 City Aventura FL 33180		
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 5-22-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RADO, GABOR 18851 NE 29TH AVE., #901 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALE, GABRIELLA 18851 NE 29TH AVE., #901 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: GABOR RADO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/11/06 Daytime Phone # 305-931-4459		

66017618



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ATTACHMENT

FAX AUDIT NO.: H05000157892 3

66017618
#P98000003804

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATION

Pursuant to the provisions of sections 607.0502, 617.0502, OR 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

FIRST, the name of the corporation is: ATLANTIC ZEDEK, INC.

SECOND, the mailing address of the corporation is: 18851 N.E. 29th Avenue, Suite 901, Aventura, Florida 33180.

THIRD, the date of filing/ registration in Florida is: January 13, 1998.

FOURTH, documents number is: P98000003804.

FIFTH, the name of the registered agent and the registered office address as shown on the records of the Florida Department of State:


REGISTERED AGENTS OF FLORIDA, LLC
100 Southeast Second Street, Suite 2900
Miami, Florida 33131

SIXTH, the name and address of the new registered agent and/or office:

Robin I. Willner, Esq.
c/o Roth, Rouso, Katsman & Schneider, LLP
18851 N.E. 29th Avenue, Suite 900
Aventura, Florida 33180

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Gabor Rado, President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Robin I. Willner, Esq.

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