

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90087 009 ***150.00

DOCUMENT # 129876

1. Entity Name

PRAHL BROTHERS INCORPORATED



Principal Place of Business

2801 PONCE DE LEON BLVD.
SUITE 455
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD.
SUITE 455
CORAL GABLES FL 33134

2. Principal Place of Business

4151 Douglas Rd

Suite, Apt. #, etc.

3. Mailing Address

4151 Douglas Rd

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-0356340

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRAHL, H W, JR
2801 PONCE DE LEON BLVD
SUITE 455
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

H.W. PRAHL, JR

Street Address (P.O. Box Number is Not Acceptable)

4151 Douglas Rd

City

Miami

FL

Zip Code

33133

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

H.W. PRAHL, JR *H.W. PRAHL, JR*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-07-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRAHL, H W, JR	
STREET ADDRESS	2801 PONCE DE LEON STE 455	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRAHL, R A	
STREET ADDRESS	2801 PONCE DE LEON STE 455	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRAHL, H W, JR</i>	
STREET ADDRESS	<i>4151 Douglas Rd</i>	
CITY-ST-ZIP	<i>Miami FL 33133</i>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRAHL, R A</i>	
STREET ADDRESS	<i>3821 El Prado</i>	
CITY-ST-ZIP	<i>Miami FL 33133</i>	
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 Section 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:

H.W. PRAHL, JR *H.W. PRAHL, JR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-06

Date

Daytime Phone #

305-661-4151