


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 193634</b> 1. Entity Name <b>KAHN-CARLIN &amp; COMPANY, INC.</b>	
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Principal Place of Business <b>3350 SOUTH DIXIE HIGHWAY MIAMI, FL 33133</b>	Mailing Address <b>3350 SOUTH DIXIE HIGHWAY MIAMI, FL 33133</b>
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**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0773328**

☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

<b>KAHN, ALBERT 3350 S DIXIE HWY MIAMI, FL 33133</b>
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**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 \$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	PD CARLIN, DONALD 2 CASUARINA CONCOURSE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHN, ALBERT 9501 S.W. 70 AVENUE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000383455  
01/13/06-80001-025 150.00

**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: Albert H. Kohn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2006 305-446-227  
Date Daytime Phone #