

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

|                          |                                                                                   |
|--------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 205534</b> |  |
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|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>87 N.E. 44 ST., SUITE 5<br>FT. LAUDERDALE, FL 33334 | Mailing Address<br>87 N.E. 44 ST., SUITE 5<br>FT. LAUDERDALE, FL 33334 |
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01242006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br>59-1087144 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>BONIELLO, ROSE MARIE<br>87 N.E. 44 ST., SUITE 5<br>FORT LAUDERDALE, FL 33334 |
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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

|                                                                               |                                                                                                                    |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BONIELLO, JOHN<br>87 N.E. 44 ST., SUITE 5<br>FORT LAUDERDALE, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>BONIELLO, ROSE M.<br>87 N.E. 44 ST., SUITE 5<br>FORT LAUDERDALE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           |

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04/26/06-80077-004 158.75

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: <i>Rose Marie Boniello</i> | Rose Marie<br>Boniello | 4-10-06 | 954-771-2445 |
|---------------------------------------|------------------------|---------|--------------|