2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam NORTH [04-27-2006	90211 022 *	**150	0.00			
Principal Plac	e of Busines	ss	Mailing Address							
1661 N E 163RD ST 8100 SW 36TH NORTH MIAMI BEACH, FL 33162 MIAMI, FL 33				E		•				
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2. Principal P		ness	3. Mailing Address 1661 NE 163rd STREET							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006	Chg-P	CR2E034 (1	1/05)	
City & State			City & State NORTH MIAMI BEACH, FL			4. FEI Number 59-09370	020	,	 -	plied For t Applicable
Zip	ţ.	Country	Zip 33162	Country		5. Certificate of			5 Addi	itional
	6. Name	and Address of Current				7. Name and A	ddress of New R			
1661 NE 163 ST Street Address						TYRONE 2.O. Box Number 163RD STR	is Not Acceptable	2)		
City NORTH MI						AMT DEACH		FL Zi	2 Code	2
8. The above the obligat	named entit	ty submits this statement fo	r the purpose of changing its r	egistered office of	r registere	ant BEACH ed agent, or both,	in the State of Flo	orida. I am familia	r with,	and accept
SIGNATURE		ne L Place or printed name of registered agent	first and title applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)	Х	492510	6	
	. 0		B Election Compain	ın Financiaa		00				
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Adde										
After Ma		6 Fee will be \$550.(Trust Fund Contril	bution 🗆		00 May Be ed to Fees				
After Ma	ay 1, 200		Trust Fund Contril DIRECTORS	11.	Adde	ed to Fees	HANGES TO OFFI			
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After Ma	PD SIMON, L	OFFICERS AND	Trust Fund Contril DIRECTORS	11.	PD CHE	ADDITIONS/C	YRONE			
10. TITLE NAME	PD SIMON, L	OFFICERS AND .EONILO 36TH TERRACE	Trust Fund Contril DIRECTORS	11. TITLE NAME	PD CHE 166	ADDITIONS/CI EPING, TY 1 NE 163R	YRONE	⊠ ci		
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/25/06

305 940-6000 Daytime Phone #