

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 300359

1. Entity Name
3950 CORPORATION



Principal Place of Business
**C/O ED WOLIS
2015 N.E. 197TH TERRACE
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**C/O ED WOLIS
2015 N.E. 197TH TERRACE
NORTH MIAMI BEACH, FL 33179**

DO NOT WRITE IN THIS SPACE



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1150804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLIS, EDWARD J.
2015 NE 197TH TERR.
N. MIAMI BEACH, FL**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	PD
NAME	WOLIS, EDWARD
STREET ADDRESS	2015 NE 197TH TERR
CITY - ST - ZIP	N MIAMI BEACH, FL
TITLE	STD
NAME	PEREZ, JOSE
STREET ADDRESS	3518 SAHARA SPRINGS BLVD
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000436516
02/28/06-80004-009 150.00

**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: *Ed Wolis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14 2006
Date Daytime Phone #