

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 339134

1. Entity Name
**AMERICAN DISH SERVICE OF SOUTHERN FLORIDA,
INC**



Principal Place of Business
**1331 S DIXIE HWY
11A
POMPANO BEACH, FL 33060**

Mailing Address
**P.O. BOX 2311
POMPANO BEACH, FL 33061**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0948538

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WERNER, SUSAN B
1257 SUNNIDALE LN
ORMOND BEACH, FL 32174**

**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 **SUSAN B WERNER** *Susan B Werner* **3-25-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting) 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 | TS |
| NAME | WERNER, SUSAN |
| STREET ADDRESS | 1257 SUNNIDALE LN |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | P |
| NAME | BADOUR, ROY R JR |
| STREET ADDRESS | 1810 NW 4TH AVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/11/06-80065-001 150.00

**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: *Susan Werner* **SUSAN WERNER** **934-946-2499**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phrase #