

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90005 025 ***150.00

60014404



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1412496

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERSKOWITZ, BERNARD
1320 S. DIXIE HWY., STE 940
CORAL GABLE, FL 33146

**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 PD
NAME HERSKOWITZ, JEROME
STREET ADDRESS 430 CAMPANA AVENUE
CITY-ST-ZIP CORAL GABLES, FL

TITLE VD
NAME HERSKOWITZ, BERNARD
STREET ADDRESS 7501 S.W. 114 STREET
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME HERSKOWITZ, ALLAN (ASST)
STREET ADDRESS 8820 S.W. 105TH STREET
CITY-ST-ZIP MIAMI, FL

TITLE SDV
NAME HERSKOWITZ, JACK
STREET ADDRESS 9100 S. DADELAND #1404
CITY-ST-ZIP MIAMI, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30 2006

Date

Daytime Phone #