

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90234 009 ***150.00

60002042



01062006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1668793** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHOENIX MANAGEMENT SRVC
4780 N STATE RD 7
STE 250
LAUDERDALE LAKES, FL 33319

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T.	<input type="checkbox"/> Delete
NAME	CRAWFORD, BOBBIE	
STREET ADDRESS	304 NW 69 AVE #155	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	P	<input type="checkbox"/> Delete
NAME	COKER, WILLIAM	
STREET ADDRESS	334 NW 69TH AVE, #296	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	S	<input type="checkbox"/> Delete
NAME	NACHMAN, FRED	
STREET ADDRESS	330 NW 69 AVE #192	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECKMAN, ALAN	
STREET ADDRESS	326 NW 69 AVE #143	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BARRY	
STREET ADDRESS	404 NW 70TH AVE #218	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DRISDOM, JOSEPH	
STREET ADDRESS	4520 NW 6 COURT	
CITY-ST-ZIP	PLANTATION, FL 33317	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #