

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90232 050 ***150.00

DOCUMENT # 498281

1. Entity Name
THE FLORIDA AD COMPANY



Principal Place of Business
**2151 W HILLSBOROUGH BLVD.
STE 400
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**2665 S BAYSHORE DR
STE 901
COCONUT GROVE, FL 33133 US**

50016875



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2005843

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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	VPSD
NAME	LOGAN, BARRY S.
STREET ADDRESS	2665 S. BAYSHORE DRIVE, #901
CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	VASD
NAME	MENENDEZ, ANA M
STREET ADDRESS	2665 S. BAYSHORE DRIVE SUITE 901
CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	P
NAME	COMBS, STEVEN
STREET ADDRESS	2151 W. HILLSBORO BLVD, SUITE 400
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	VPT
NAME	KENBIAN, NG
STREET ADDRESS	2151 W HILLSBORO BLVD, SUITE 400
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	AT
NAME	DI STEFANO, EFY
STREET ADDRESS	2665 SO. BAYSHORE DR. #901
CITY - ST - ZIP	COCONUT GROVE, FL 33133
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: Efy DiStefano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06
Date

305 714-4100
Daytime Phone #