

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 026 ***150.00

DOCUMENT # 499373

1. Entity Name
BURTON MANAGEMENT CORPORATION



Principal Place of Business
**10920 SW 62ND AVE
MIAMI, FL 33156**

Mailing Address
**10920 SW 62ND AVE
MIAMI, FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number **04-3841686**
~~59-1726258~~

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

**BURTON, HARVEY
10920 SW 62ND AVE.
MIAMI, FL 33156**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
BURTON, HARVEY
10920 SW 62ND AVE.
MIAMI, FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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.

HARVEY BURTON

3-28-06

305 665-9960

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Department of the Treasury
Internal Revenue Service***40042701 Attachment 4 99373*

Date: 3/28/2006

Taxpayer Identification Number
04-3841686**To** NAME **BURTON MANAGEMENT CORPORATION**ADDRESS **10920 SW 62ND AVE
MIAMI, FL 33156-4025 209**

PHONE NO

FAX NO **305-661-2850**

FROM NAME **MRS. HUMMOND
IRS Covington KY 41011**
PHONE NO **800-829-4933**
FAX NO **859-669-3387**

We received your request today asking us to verify your employer identification number (EIN) and name. Your employer identification number is listed above. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents. We are sending Letter 147C under separate cover, confirming the same information for your permanent file. You should receive this letter within four weeks.

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