## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 15, 2006 8:00 am **Secretary of State DOCUMENT # 512267** 1. Entity Name 02-15-2006 90049 031 \*\*\*150.00 GORDON & COMPANY, P.A. Principal Place of Business Mailing Address 14400 N.W. 77TH CT. 14400 N.W. 77TH CT. SUITE 103 MIAMI LAKES FL 33016 SUITE 103 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1686345 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, REED D. GORDON, REED D. Street Address (P.O. Box Number is Not Acceptable) 7975 N.W. 154TH ST., 14400 NW 77th COURT, **SUITE 340** MIAMI LAKES FL 33016 SUITE 103 MIAMI LAKES pts 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 8. The above named entity submits the obligations of registe Reed D. Gordon Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD Change ☐ Addition TITLE ☐ Delete TITLE NAME GORDON, REED D. NAME GORDON, REED D. STREET ADDRESS 7975 N.W. 154TH ST. STREET ADDRESS 14400 NW 77th COURT, #103 CITY-ST-ZIP City-St-ZIP MIAMI LAKES FL <u>MIAMI LAKES, FL 33016</u> VD ☐ Delete TITLE TITLE Change ☐ Addition NAPASTEK, MICHAEL A NAME NAME NAPARSTEK, MICHAEL A. 7975 NW 154 ST., #340 STREET ADDRESS STREET ADDRESS 14400 NW 77th COURT, #103 CITY-ST-ZIP MIAMI LAKES FL 33016 CITY - ST - ZIP MIAMI LAKES, FL 33016 ■ Addition THLE ☐ Delete TITLE ☐ Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 appropriate 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 appropriate, with all other like empowered.

Reed D. Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**