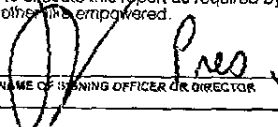


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 520123		
1. Entity Name WEITZ & SCHWARTZ, P.A.		
Principal Place of Business 3601 W. COMMERCIAL BLVD SUITE 31 FORT LAUDERDALE, FL 33309		Mailing Address 3601 W. COMMERCIAL BLVD SUITE 31 FORT LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
		01202006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1710340		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WEITZ, JEFFREY L. 3601 W. COMMERCIAL BLVD, SUITE 31 FORT LAUDERDALE, FL 33309		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 renouncing) 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
		U000000512712 04/29/06-80092-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZ, JEFFREY L. 4075 SW 103RD AVENUE DAVIE FL.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, ERIC R. 10160 S.W. 2ND ST. PLANATATION, FL.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 officers empowered.		
SIGNATURE:  Pres. 4/14/06 (954) 484-3544		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		