


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90013 010 \*\*\*158.75

<b>DOCUMENT # 522229</b> 1. Entity Name <b>REESE CORPORATION</b>					
Principal Place of Business <b>P.O. BOX 550759</b> <b>FORT LAUDERDALE, FL 33355 US</b>			Mailing Address <b>19000 N.E. 5TH AVENUE</b> <b>NORTH MIAMI BEACH, FL 33179-3990 US</b>		
2. Principal Place of Business		3. Mailing Address <b>P. O. BOX 550759</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>FT. LAUDERDALE, FL</b>		4. FEI Number <b>59-1706437</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33355</b>		Country <b>USA</b>		01312006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>REESE, JONATHAN</b> <b>10304 SW 26TH ST</b> <b>FORT LAUDERDALE, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>ST</b> NAME <b>REESE, MIRIAM</b> STREET ADDRESS <b>8500 WEST SUNRISE BLVD, #Q 321</b> CITY-ST-ZIP <b>PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b> NAME <b>REESE, JONATHAN</b> STREET ADDRESS <b>10304 S.W. 26TH ST</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33324</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/31/06</b> Daytime Phone # <b>305-653-1000</b>		

JONATHAN REESE - VICE-PRESIDENT