2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

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## Apr 03, 2006 08:00 AM **DOCUMENT # 553767 Secretary of State** 1. Entity Name TRALINS & ASSOCIATES, P.A. Principal Place of Business Mailing Address 2 SOUTH BISCAYNE BLVD. 2 SOUTH BISCAYNE BLVD. SUITE 2930 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 59-1773986 Not Applica Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRALINS, MYLES J ESQ 2 SOUTH BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) STE 2930 MIAMI FL 33131 City 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 acc. the obligations of registered agent SIGNATURE Signature hypercisis priviled name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when rous/strig) FILE NOW!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. UCCUCU489354 Change C4/18/06-80011-018 150.00 TITLE Defete SITIN NAME NAME TRALINS, JANET STREET ADDRESS 2 S BISCAYNE BLVD STE 2930 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CKTY-ST-ZKP DA ☐ Change TITLE ☐ Delete 777L€ MARKE HARAF STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP C17Y - ST - 21P Change □ AC ☐ Cetete MLE TITLE NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP Delete TITLE Change ∏ #. ME NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change mle ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-702 CITY-ST-ZIP Change ☐ Dejete TIME 31315 NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or on 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 Eigenstand.

**FILED**