

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90290 001 \*\*\*\*75.00  
06-05-2006 90290 002 \*\*\*\*75.00

66017927



02222006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-1837869  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FELDMAN, MICHAEL K.  
1111 KANE CONCOURSE  
#200  
BAY HARBOR ISLANDS, FL 33154

## 7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREENWALD, ALAN	
STREET ADDRESS	300 BAYVIEW DR	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZUCKER, CHARLES	
STREET ADDRESS	300 BAYVIEW DR	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REISERT, FRED	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROSENFELD, GENE	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINER, BENJAMIN H.	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL S. FRANK	
STREET ADDRESS	300 BAYVIEW DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRE RISI	
STREET ADDRESS	500 BAYVIEW DRIVE	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 (305) 944-2348

Date

Daytime Phone #