## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 603296** 1. Entity Name 04-24-2006 90366 025 \*\*\*150.00 LEVY & LEVY PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 1550 NE MIAMI GARDENS DR. 1550 NE MIAMI GARDENS DR. STE 304 N. MIAMI BCH. FL 33179 N. MIAMI BCH. FL 33179 2. Principal Place of Business 3. Mailing Address 8tite, Apt. #, etc. 30 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 30 SUITE SUITE City & State 4. FEI Number Applied For 59-1380299 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVY, RONALD G ESQ 1550 NE MIAMI GARDENS DRIVE SUITE 306 N MIAMI BEACH FL 33179 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 an the obligations of regi SIGNATURE FIXE 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change THILE **PSTD** TITLE ☐ Delete NAME LEVY, RONALD G NAME isso NE Miami STREET ADDRESS 1550 NE MIAMI GARDENS DR #304 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-78P CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 director of the corporation or the receiver or trusted empowered to execute his report as judiced by Chapter 607, Florida Statutes; and that my plane appears in Block 10 or Block 11

of the corporation or the receiver or trustee empowered to execute this report if changed, or on an attachment with an address, with all other like empowers

SIGNATURE:

**FILED**