

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 626599

1. Entity Name
REPAZE MANAGEMENT, INC.



Principal Place of Business
C/O SANFORD N. REINHARD
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180

Mailing Address
C/O SANFORD N. REINHARD
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1938426** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N., P.A.
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH., FL 33180

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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 NAME STREET ADDRESS CITY-ST-ZIP	P GOLDLIST, RENE 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDLIST, BARRY DAVID 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDLIST, PAUL 123 DEWBOURNE AVE. TORONTO, ONT., m6c 1y6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/07/06-80004-021 150.00

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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: B Goldlist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 4167869232
Date Daytime Phone #