2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED	
DOCU 1. Entity Nam	MENT # 685233	·		May 01, 2006 08:00 AM Secretary of State	
INNER SO		·			
Pancipal Plac	e of Business	Mailing Address	<b>i i</b>		
731 NORTH FAST 69 ST. BOCA RATON FL 33487		731 NORTH FAST 69 ST. BOCA RATON FL 33487			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
City & Stat	ie	City & State		4. FEI Number 59-2015050 Applied Fc	
Zip	Country	Zip	Country	5. Certilicate of Status Desired  \$8.75 Additional Fee Regulard	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	-
731	EGRO, JOSEPH NE 69TH STREET CA RATON FL 33431		Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Cade	-
<ol> <li>Ine above the obligation</li> </ol>	e named entity submits this statement toos of registered agent.	for the purpose of changing its	registered affice ar registi	tered agent, or both, in the State of Florida. I am familiar with, and acc	jet
SIGNATURE	Hotel Lucy	Pand life if applicable (RUTI	Ph Alle Registered Agent signature roman	ed w d 1/27/06	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
10.	OFFICERS AN		11.	ADDITIONS/CHANGESTO CITES AND DIRECTORS IN 11	
TITLL NAME	PT ALLEGRO, JOSEPH	🗖 Delele	TITLE NAME	05/13/06-80120-009 998.00***	,a.x
STREET ADDRESS			STREEF ADDRESS		
CNTY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		
ITTLE NAME	ALLEGRO, JOSEPH	🖸 Delele	TITLE MAME	Change 174	
STREET ADDRESS	731 NE 69 ST		STHEET ADDRESS		
CHY-SI-ZIF	BOCA RATON FL 33487		CITY-ST-ZIP 331.1		• و• و. ا
NAME	JOSEPH, ALLEGRO		MANNE	دينا م <sub>اسط</sub> دينهيرين <sub>است</sub> ه	
STREET ADDRESS City - St - 71P	731 NE 69TH ST		STRLET AUDRESS CLEV - ST- ZIP		
5311-51-20F	BOCA RATON FL 33487	Delele	THE SPEE	Change 🔲 Mi	- <b>1</b> 11
NAME			NAME		
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NAME STREET ADDRESS			NAME STREET ADDRESS		
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NAME STRLET ADDRESS			NAME STREET ADDRESS		
CHY-SJ-ZIP			CITY-53-2119		
indicated of the co	on this report or supplemental report	is true and accurate and that r powered to execute this report	ny signature shall have the t as required by Chapter 6	ned in Section 119, Florida Statutes, I further certify that the informati- e same legal effect as if made under calls; that I am an officer or direc 607, Florida Statutes; and that my name appears in Block 10 or Block	atex
SIGNAT	TUBE: Lowerk	the Jac	sech Al	12900 7/27/a 561-997-8479	