

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90399 038 ***150.00

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04202006 Chg-P CR2E034 (11/05)

4. FEI Number **59-0998271** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

BUCK, DAVID E.
2900 E. OAKLAD PARK BLVD.
#103
FORT LAUDERDALE, FL 33306-1804

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 _____ (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	DS	<input type="checkbox"/> Delete
NAME	GLASSMAN, ROBERT	
STREET ADDRESS	624 ANTIOCH AVE., #1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, RANDY L	
STREET ADDRESS	624 ANTIOCH AVE #7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JOHN	
STREET ADDRESS	624 ANTIOCH AVE #18	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONOUGH, VIVIAN	
STREET ADDRESS	624 ANTIOCH AVE #18	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, WALTER	
STREET ADDRESS	624 ANTIOCH AVE., #12	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLESSMAN, ROBERT	
STREET ADDRESS	624 ANTIOCH AVE. #1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	MEMBER-AT-LARGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEEH, LAWRENCE	
STREET ADDRESS	624 ANTIOCH AVE #20	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, JOHN	
STREET ADDRESS	624 ANTIOCH AVE #18	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
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: John McDonough 4/21-06 954-844-4210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #