

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90169 019 ***150.00

40078258



04202006 Chg-P CR2E034 (11/05)

4. FEI Number **88-0110796** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BELLAMY, ROBERT R
3535 HIAWATHA AVE
SUITE 101
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name **Kathryn R. Posten, CPA**
Street Address (P.O. Box Number is Not Acceptable) **Suite 403**
4649 Ponce de Leon Blvd
City **Coral Gables** FL **33146**

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 Kathryn R. Posten, Kathryn R. Posten, CPA 4/27/06
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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	BELLAMY, ROBERT R	
STREET ADDRESS	3535 HIAWATHA AVE., STE 101	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MCMERTY, BRIAN J	
STREET ADDRESS	3048 RIVER RD SE	
CITY-ST-ZIP	WINNABOW, NC 28479	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KOZUSNIK, SUSAN	
STREET ADDRESS	3535 HIAWATHA AVE., STE 101	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Susan Kozusnik, Susan Kozusnik 4/27/06 305-856-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #