2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

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1. Entity Name	MENT # F000000046 ERIORS INC.	581				-2006 90111 041	
BAYSIDE, NY	LVD., STE. 601 11361-2861	Mailing Address 4031 GULF SHORE BLVD 84 NAPLES, FL 34103) , NO.				
60	ace of Busipess Cutter MillRd	3. Mailing Address, 900.5 Whim	brel Wate	chlane		33 1 35 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc. Breat Neck, N.Y. #204 Suite, Apt. #, etc. 202			·	04142006	Chg-P	CR2E034 (11/05)	plied For
Great	+ Neck, N.Y	City & State /eS,	FL	4. FEI Numb 11-280		Not	t Applicable
Zip //C		34 109	Collie V	f	of Status Desired	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Culianos Constantine Culianos Constantine							0
CULIANOS, CONSTANTINE 4031 GULF SHORE BLVD. NO. NAPLES, FL 34103				Street Address (P.O. Box Number is Not Acceptable) the Lane #202			
			City	vap/es		FL Zip Code	1109
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 Constantine Culianos (NOTE Regard of Agent Eginature, typed or printed name of registered agent and liftle it applicable. (NOTE Regard of Agent Eginature equired when reinstating)							
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND D		11.	_	CHANGES TO OFF	CERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZP	PT CULIANOS, CONSTANTINE 4031 GULF SHORE BLVD. NO. NAPLES, FL 34103	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Culiano 9005 W Naples	s Const himbre FL 34	tantine Watch W	Addition ANC H202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CULIANOS, SHARON 4031 GULF SHORE BLVD. NO. NAPLES, FL 34103	☐ Delete		VS Culianos 9005 Whi Naples	Sharon mbrel Wa	Change How Lane # 2 4 109	□ Addition でみ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that my	the exemptions co	ontained in Chapter 11 ave the same legal effe	9, Florida Statutes. I ct as if made under c	further certify that the in	formation or director

SIGNATURE: