## 2006 FOR PROFIT CORPORATION

changed, or on an attachn

KASMIR

AME OF SIGNING OFFICER OR DIRECTOR

## Mar 30, 2006 8:00 am Secretary of State ANNUAL REPORT 03-30-2006 90015 016 \*\*\*150.00 DOCUMENT # F04000003544 1. Entity Name STEPHEN M. KASMIR SEARCH CONSULTANTS, INC. 40041436 Principal Place of Business Mailing Address 8411 LAGOS DE CAMPO BLVD. 8411 LAGOS DE CAMPO BLVD. SUITE U107 SUITE U107 TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business 12361 NW 1044 DR 3. Mailing Address 12361 NW 10th DR Suite, Apt. #, etc. Suite, Apt. #, etc. 03262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For OCAL Speinos 52-1910391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33071 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STERMEN M KASMIR KASMIR, STEPHEN M 8411 LAGOS DE CAMPO BLVD. SUITE U107 TAMARAC, FL 33321 PORAL SPRINGS 多3330フノ agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity rpose of changing its registered office the obligations of regis 3/26/06 SIGNATURE. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TIFLE STEPHENNIKHSMIR DR 12361 N.W 10 H DR CORNE SPRINGS FL KASMIR, STEPHEN M NAME NAME 8411 LAGOS DE CAMPO BLVD. STREET ADDRESS STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP 33071 CITY-ST-ZIP HITLE ☐ Delete TITLE ☐ Change ☐ Addition RONNIED. KASMIR KASMIR, RONNIE D NAME NAME 12361 NW 10 M DR STREET ADDRESS 8411 LAGOS DE CAMPO BLVD. STREET ADDRESS 3307/ TAMARAC, FL 33321 CiTY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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**FILED** 

954-346-2226

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