## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jul 25, 2006 8:00 am Secretary of State DOCUMENT # F05000006352 07-25-2006 90027 003 \*\*\*550.00 1. Entity Name CADILLAC JACK, INC. OF GEORGIA Principal Place of Business Mailing Address 2420 MEADOWBROOK PARKWAY 2420 MEADOWBROOK PARKWAY 50023098 DULUTH, GA 30096 DULUTH, GA 30096 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 58-2620016 Not Applicable Country \$8.75 Additional Zip Country 7ip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FI. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE CHAYEVSKY, EUGENE NAME NAME 708 THIRD AVENUE FIFTH FL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEW YORK, NY 10017 ☐ Change ☐ Addition TITLE ☐ Delete TITLE KOUZMINE, SERGUEI NAME NAME 708 THIRD AVENUE FIFTH FL STREET ADDRESS STREET ADDRESS City-St-7IP NEW YORK, NY 10017 CITY-ST-ZIP Change ☐ Addition PS ☐ Delete TITLE MACKE, MICHAEL M NAME NAME STREET ADDRESS 2420 MEADOWBROOK PARKWAY STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MINARD, TIMOTHY J NAME NAME 2420 MEADOWBROOK PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

FILED