2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPE

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 02, 2006 8:00 am Secretary of State DOCUMENT # F30873 05-02-2006 90199 038 ***150.00 1. Entity Name GEORGE D. PERLMAN, P.A. Principal Place of Business Mailing Address 60034187 C/O GEORGE D PERLMAN, P.A. C/O GEORGE D PERLMAN, P.A. 701 BRICKELL AVE, STE 3000 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131 US MIAMI, FL 33131 3. Mailing Address 1001 Brickell 2. Principal Place of Business 1001 BRICKELL BAY DRIVE BAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 CR2E034 (11/05) Chg-P SUITE 3112 SUITE 3112 City & State 4. FEI Number Applied For City & State . MAIM 1-2 59-2087289 Not Applicable MIAMI Country Country \$8.75 Additional 33131 5. Certificate of Status Desired US A USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERLMAN, GEORGE D.P.A. Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 SUITE 3112 Zip Code 33131 MIAMI 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 SIGNATURE. Signature, typa red 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 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change PSDT ☐ Addition ☐ Delete TITLE TITLE PERLMAN, GEORGE D NAME 1001 BRICKELL BAY DRIVE STREET ADDRESS 701 BRICKELL AVE, STE 3000 STREET ADDRESS MIAMI FL. 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 1001 BRICKELL BAY DRIVE CEORATI, DENA NAME SUITE 3112 701 BRICKELL AVE., SUITE 3000 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP .33131 CITY-ST-ZIP MIAMI, FL 33131 MIAMI Change Change ☐ Addition Defete TITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality 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 empowers 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

FILED

Daytime Phone #