2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM **DOCUMENT # F33719 Secretary of State** 1. Entity Name BRUCE H. BASKIND, P.A. Principal Place of Business Mailing Address 4300 N UNIVERSITY DR #D207 4300 N UNIVERSITY DR #D207 LAUDERHILL FL 33351 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEi Number 59-2193959 Not Applicable Z)p Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASKIND, BRUCE H Street Address (P.O. Box Number is Not Acceptable) 4300 N UNIVERSITY DR #D207 LAUDERHILL FL 33351 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Eigenture, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when constating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May E. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP mile ☐ Detete HILL Change U00000443546 NAME BASKIND, BRUCE H HAME 03/06/06-80014-015 150.00 STREET ADDRESS 4300 N UNIV DR D207 STREET ACORESS City-ST-ZIP LAUDERHILL FL CHY-ST- OP HILL Delete 3)TLE Change √ Addition HANT CLAME STREET ADDRESS STREET ADDRESS CITY-\$1-21P CHY-ST-ZIP Delete ☐ Change TISLS BILL - □ Adde NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Detete ☐ Change ☐ A.**** TITLE MAM NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Delete □ Add TITLE TITLE Change NAME NAME STRECT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILL ☐ Delete ☐ Change ∏ An HILE NAME NAME STREET ALLOWESS STREET AUDRESS CITY- \$1-21P CITY-ST-ZIP

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12. I hereby certify that the information supplied with this hing does not quality for the exemptions contained in Section 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 direct of the curporation 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR REWISE NAME OF SIGNING OFFICER OR DIRECTOR.