# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # F72173

1. Entity Name
SCHATIA MANAGEMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3107 STIRLING RD<br>308<br>FT LAUDERDALE, FL 33312 | 3107 STIRLING RD<br>308<br>FT LAUDERDALE, FL 33312 |

DO NOT WRITE IN THIS SPACE

D1042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2177788

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, KENNETH A.
3107 STIRLING RD
308
FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

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)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | SCHATIA, DAVID |
| STREET ADDRESS | 1255 GREENE AVE., #200 |
| CITY-ST-ZIP | WEST MOUNT, QUEBEC, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

800000406203
02/07/06-80079-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** _____ 1/01/06 954-983-7470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #