

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90065 005 \*\*\*150.00

00012072



02022006 Chg-P CR2E034 (11/05)

4. FEI Number  
13-3753367

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name John A. Hinson  
Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Ave.  
Suite 2300  
City Miami FL Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	ST	<input type="checkbox"/> Delete
NAME	HANCOCK, BONNIE J	
STREET ADDRESS	1111 BRICKELL AVE., SUITE 2300	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HINSON, JOHN	
STREET ADDRESS	1111 BRICKELL AVE., SUITE 2300	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	NELSEN, MICHAEL	
STREET ADDRESS	1311 MAMARONECK, SUITE 260	
CITY-ST-ZIP	WHITE PLAINS, NY 10605	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDELMAN, MARTIN L	
STREET ADDRESS	75 EAST 55TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FOWLER, THEODORE V	
STREET ADDRESS	89 VALLEY DRIVE	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1111 Brickell Ave., Suite 2300
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1111 Brickell Ave., Suite 2300
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CD John W. Temple
STREET ADDRESS	2300 NW Corporate Blvd., Suite 238
CITY-ST-ZIP	Boca Raton, FL 33431

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 379-1200