## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachy

SIGNATURE AND TYPED JR PRINTED

IAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 10, 2006 8:00 am Secretary of State DOCUMENT-# F95000005936 1. Entity Name 03-10-2006 90011 041 \*\*\*150.00 FIRST SOUTH AFRICA MANAGEMENT CORP. Principal Place of Business Mailing Address 6100 GLADES RD 6100 GLADES RD SUITE 305 BOCA RATON FL 33434 US SUITE 305 BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address 1900 Glades Road 1900 Glades 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0618087 Not Applicable Country S \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ve Kabatznik KABATZNIK, CLIVE 6100 GLADES ROAD, SUITE 305 **BOCA RATON FL 33434** 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 ag 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Change Addition TITLE PCEO ☐ Celete clive Kabatznik address KABATZNIK, CLIVE NAME 1900 Glades Rundiswite 435 6100 GLADES RD., SUITE 305 STREET ADDRESS STREET ADDRESS CITY-ST-7/P BOCK RATON, FL 33431 CITY-ST-ZIP **BOCA RATON FL 33434** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify 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 director of the corporation or the receiver of highest 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 all other like empowered.

FILED