

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90013 011 ***150.00

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01252006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2245616** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEDER, NATHAN I P.A.
1330 S.E. 4TH AVENUE
SUITE G
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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	P	☐ Delete
NAME	SAN ROMAN, TONY	
STREET ADDRESS	2843 SO. BAYSHORE DR #17 D	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VP	☐ Delete
NAME	MOORE, THOMAS A JR.	
STREET ADDRESS	5770 S.W. 74TH TERRACE	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	ST	☐ Delete
NAME	PADILLA, ANTONIO	
STREET ADDRESS	8560 S.W. 212TH STREET	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	V	☒ Delete
NAME	MARTINEZ, LUIS	
STREET ADDRESS	5007 GAITHERS POINTE DRIVE	
CITY-ST-ZIP	DURHAM, NC 27713	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/25/06 305-448-0999
Date Daytime Phone #