2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 08:00 AM **DOCUMENT # G86773 Secretary of State** APPLEBAUM & ASSOCIATES, SOUTH, INC. Principal Place of Business Mailing Address % RAY C. APPLEBAUM % RAY C. APPLEBAUM 1100 NW 73RD ST 1100 NW 73RD ST MIAMIL FL 33150 MIAMI, FL 33150 01272006 No Chg-P CRZE034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2436282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent APPLEBAUM, RAY C. DO NOT WRITE 1100 NW 73RD ST MIAMI, FL 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. Standards, typed or printed rains of registered about and talk if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FilE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees U00000478**844** 04/08/06-80021-018 150.00 10. OFFICERS AND DIRECTORS RITE APPLEBAUM, RAY C NAME STREET ADDRESS 1100 N W 73 STREET CITY-ST-ZP MIAMI, FL TITLE NAMO APPLEBAUM, FREDRICA L STREET ADDRESS 1100 N W 73 STREET CXTY-ST-ZP MIAMI, FL TiTLE STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. It 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 suppliemental 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 director that report is required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHANGE AND TYPED OR PRINTED HAVE OF SYGRING OFFICER OF SHEET OR

31 de 305-836-867

FILED