2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 31, 2006 08:00 AM DOCUMENT # H15617 **Secretary of State** 1. Entity Name MICHAEL J. ENTIN, P.A. Principal Place of Business Mailing Address ONE EAST BROWARD BLVD SUITE 925 ONE EAST BROWARD BLVD SUITE 925 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2447016 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENTIN, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD **SUITE 925** FT. LAUDERDALE FL 33301 City 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 Registored Agent signature required when remstaurity) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 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 ☐ Defete THE Addini-ENTIN, MICHAEL J. NAME 02/10/06-80002-005 150.00 STREET ADDRESS ONE EAST BROWARD BLVD SUITE 925 STREET ADDRESS CTTY-ST-ZIP FT. LAUDERDALE FL CITY-SI-ZIP TITLE ☐ Delete ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deteta HILL ☐ Change Addit. NAME NAME STREET AUDRESS STREET ADDRESS CHTY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ AúC... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE Defete TITLE ☐ Addin ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Act 1 NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 direction 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 1 if changed, or on an attachment with an address, with all other like ampowered.

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