2006 FOR PROFIT CORPORATION

FILED Feb 20, 2006 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # H68487	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

02-20-2006 90029 008 ***150.00 1. Entity Name RONALD A. LUZIM, P.A. 60018723 Principal Place of Business Mailing Address -9900 W. SAMPLE ROAD #400 9900 W. SAMPLE ROAD #400 400 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2564617 Not Applicable Country Zip . Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name LUZIM, RONALD A. Street Address (P.O. Box Number is Not Acceptable) 9900 W. SAMPLE ROAD #400 CORAL SPRINGS, FL 33065 . S. 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, 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

9. Election Campaign Financing \$5.00 May Be

After May 1/ 2006 Fee will be \$550.00

Trust Fund Contribution Added to Fees

OFFICERS AND DIRECTORS 111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1N1

Addition Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1N1

Addition 11 Addit 9. Election Campaign Financing PST TITLE Change Addition TITLEFALLER LUZIM, RONALD A. NAME NAME STREET ADDRESS 9900 W. SAMPLE ROAD #400 STREET ADDRESS CORAL SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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 perior 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 dustee 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 although the like empowered.