

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H82713

1. Entity Name
PHOENIX FOLIAGE, INC.



Principal Place of Business
**1751 NO. WILLIAMS RD.
WINTER GARDEN, FL 34787 US**

Mailing Address
**1751 NO. WILLIAMS RD.
WINTER GARDEN, FL 34787 US**



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2625198

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KIRWAN, DAVID B
1751 N WILLIAMS RD
WINTER GARDEN, FL 34787**

**DO NOT WRITE
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 _____

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 PD
NAME KIRWAN, DAVID B
STREET ADDRESS 711 VALENCIA SHORES DR.
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE VD
NAME ROBERTS, JOSEPH C
STREET ADDRESS 8457 N.W. 66TH ST.
CITY-ST-ZIP MIAMI, FL 33166

TITLE AS
NAME RUBIN, MICHAEL A
STREET ADDRESS 420 S. DIXIE HWY, #4B
CITY-ST-ZIP CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000529627
05/05/06-80084-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

DAVID B. KIRWAN

Date

4/21/06 407 656 2800

Daytime Phone