## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2006 08:00 AN Secretary of State

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DOCUMENT # H82888		Secretary of State		
1. Entity Name			Section	cuity of Succ
FERBER AND BELLOWS, P.A.				
(				
Principal Place of Business	Mailing Address		—··	
9800 PINES BOULEVARD	9800 PINES BOULEVARD		1	
PEMBROKE PINES, FL 33024	PEMBROKE PINES, FL 33024		į	
			A TREASON BOOK TO HAVE HERE THE REAL TREASON BOOK IN	
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			\$ (國國名都行 國本國 (國刊2年 ) [11] (12] (13] (13] (13] (13] (13] (13] (13] (13	SENIX MINIX BIRILI MINIX BIRITANI (1 1891
			01312006 No Chg-P CI	R2E034 (11/05)
DO NOT WRI	TE IN THIS SPA	CE	. 55111	Applied For
		_	4. FEI Number 59-2645682	Not Applicable
				\$8.75 Additional
			5. Certificate of Status Desired	Fee Required
6. Name and Address of Cui	rent Registered Agent			
EEDDED IAVA	-			
FERBER, JAY A. 9800 PINES BOULEVARD		DO NOT WRITE		
PEMBROKE PINES, FL 33024			IN THIS COA	`C
·			IN THIS SPAC	<b>√</b> ⊑
8. The above named entity submits this statement	ent for the numose of changing its register	ed office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	an in the princes of analysis so legister	a commo en registron	and against of sound in the electric of Literature	Tanna story acre bocopt
SIGNATURE	agent and title if applicable (NOTE, Registerer	Agent signature required	when reinstating)	ATE

THE RESIDENT	PEE 10 6450 00
LIFE MOMEN	FEE IS \$150.00
ARLES BEING A GOOD	6 Fee will be \$550.00
After may 1, 2000	s Lee will no appoint

 Election Campaign Financing Trust Fund Contribution,

\$5.00 May Be Added to Fees

U00000428455 02/21/06-80047-025 150.00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD FERBER, JAY A. 17189 PINES BLVD. PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLOWS, JAN E. 9111 TAFT ST. PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-2IP	

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 received or frustee 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** 

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

954-435-5000

Daytime Phone #