

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # H86522		
1. Entity Name GREGORY REED, INC.		
Principal Place of Business 7480 FAIRWAY DRIVE SUITE 100 MIAMI LAKES, FL 33014		Mailing Address 7150 WEST 20 AVENUE SUITE 412 HIALEAH, FL 33016
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REED, GREGORY 7480 FAIRWAY DRIVE SUITE 100 MIAMI LAKES, FL 33014		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)		
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 NAME STREET ADDRESS CITY-ST-ZIP	PD REED, GREGORY M.D. 7480 FAIRWAY DR. STE. 100 MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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 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: <u><i>Gregory Reed</i></u> <u><i>GREGORY REED</i></u> 3/21/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2609762	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

000000523298
05/03/06-80068-001 150.00

**DO NOT WRITE
IN THIS SPACE**