2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am **Secretary of State** DOCUMENT # J06698 1. Entity Name 03-09-2006 90164 040 ***158.75 CARL'S OF LAUDERHILL, INC. Principal Place of Business Mailing Address 6650 N. FEDERAL HWY. 6650 N. FEDERAL HWY. **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 6810 N Stoke RAO 7 3. Mailing Address 6810 N State RAD 7 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Cotonit Creek FL Applied For 4. FEI Number COCONUT-Create, FL 59-2665126 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{X} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 399 W. PALMETTO PARK RD., #106 **BOCA RATON FL 33432** 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 .. 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 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE NAME NAME FRIEDMAN, FRED H. STREET ADDRESS 6650 N. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME DRAGIN, ROBERT W. NAME 6810 N. STATE ROAD 7 STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY COCOWUT CREEK FU. 33073 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE TITLE ☐ Delete 6810 N. STATE ROAD 7 COCONUT CREEK, FC. 33073 NAME NAME BAKER, MYRON STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY CITY-ST-ZIP BOCA RATON FL 33487 CFTY-ST-ZIP ☐ Delete TITLE BAKER, JEFF A. 6810 N. STATE ROAD 7 COCONUT CREEK, FC. 33073 NAME STREET ADDRESS STREET ADDRESS 6650 N. FEDERAL HWY CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME 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 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: CARLS OF LANGETH THE BY JA JOHN BAKER 2 (37/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFECTOR

Date

Date

FILED