

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48038

FILED
Apr 27, 2006
Secretary of State

Entity Name: M&J WILKOW OF FLORIDA, INC.

Current Principal Place of Business:

C/O MT J WILKOW, LTD
180 N MICHIGAN AVE SUITE 200
CHICAGO, IL 60601 US

Current Mailing Address:

C/O MT J WILKOW, LTD
180 N MICHIGAN AVE SUITE 200
CHICAGO, IL 60601 US

New Principal Place of Business:

C/O M & J WILKOW, LTD
180 N MICHIGAN AVE SUITE 200
CHICAGO, IL 60601 US

New Mailing Address:

C/O M & J WILKOW, LTD
180 N MICHIGAN AVE SUITE 200
CHICAGO, IL 60601 US

FEI Number: 36-3486486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILKOW, MARC R
Address: 180 N.MICHIGAN AVE.,#200
City-St-Zip: CHICAGO, IL

Title: T () Delete
Name: HARRIGAN, THOMAS
Address: 180 N MICHIGAN AVE #200
City-St-Zip: CHICAGO, IL

Title: V () Delete
Name: HARVEY, DAVID W.,
Address: 180 N.MICHIGAN AVE.
City-St-Zip: CHICAGO, IL

Title: S () Delete
Name: PALA, CHERYL
Address: 180 N MICHIGAN AVENUE #200
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILKOW, MARC R
Address: 180 N.MICHIGAN AVE.,#200
City-St-Zip: CHICAGO, IL 60601

Title: T (X) Change () Addition
Name: BOELKE, PETER
Address: 180 N MICHIGAN AVE #200
City-St-Zip: CHICAGO, IL 60601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL PALA

SEC

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date