

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K10101**

1. Entity Name  
**2521 CORP.**




Principal Place of Business      Mailing Address

**2521 17TH LANE**      **2521 17TH LANE**  
**SUITE 5**      **SUITE 5**  
**POMPANO BEACH FL 33064**      **POMPANO BEACH FL 33064**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For / Not Applicable

**65-0019123**

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

6. Name and Address of Current Registered Agent

**MAUTNER, PAUL**  
**10327 SUNSET BEND DRIVE**  
**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: MAUTNER, PAUL J.	<input type="checkbox"/> Delete	NAME: MAUTNER, PAUL J.	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS: 2521 17TH LANE, STE.485		STREET ADDRESS: 2521 17TH LANE, STE.485	
CITY-ST-ZIP: POMPANO BEACH FL		CITY-ST-ZIP: POMPANO BEACH FL	
NAME: MAUTNER, JAMES	<input type="checkbox"/> Delete	NAME: MAUTNER, JAMES	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS: 2521 NW 17TH LANE		STREET ADDRESS: 2521 NW 17TH LANE	
CITY-ST-ZIP: POMPANO BEACH FL		CITY-ST-ZIP: POMPANO BEACH FL	
NAME: [Blank]	<input type="checkbox"/> Delete	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
NAME: [Blank]	<input type="checkbox"/> Delete	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
NAME: [Blank]	<input type="checkbox"/> Delete	NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	

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 03/04/06 00004 019 150.00

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: *Paul J. Mautner* PRES      2/20/06