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

of the corporation or the

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # K12624 Jan 30, 2006 08:00 AM 1. Entity Name **Secretary of State** LAURENCE A. PARNES, CPA/PFS, CFP, P.A. Principal Place of Business Mailing Address 1320 S DIXIE HIGHWAY 1320 S DIXIE HIGHWAY STE 750 **MIAMI FL 33146** MIAMI FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0020528 Not Applicat Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARNES, LAURENCE A. Street Address (P.O. Box Number is Not Acceptable) 90 EDGEWATER DR A404 CORAL GABLES FL 33133 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May P 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DT/ F TITLE ☐ Delete Change Addition NAME PARNES, LAURENCE A. U000000407308 NAME 02/08/06-80012-014 150.00 STREET ADDRESS 1320 S DIXIE HIGHWAY STE 750 STREET ADDRESS CITY - ST- 782 CORAL GABLES FL 33146 CITY-ST-ZIP TITLE Delete Change Addilii NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Andion MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change All All Pro NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Alle Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete THEE Change AJGS. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY+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 complemental 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 directure of the corporation or the receiver or trustee empowered to executa this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11