## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation of the rece if changed, or on an attachm

SIGNATURE: Pale

## Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # K22710 1. Entity Name 02-27-2006 90099 038 \*\*\*158.75 ALBERT PROPERTIES INCORPORATED Principal Place of Business Mailing Address 2649 NE 27 TERRACE FORT LAUDERDALE FL 33306 2649 NE 27 TERRACE FORT LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business 1013 HANKS LANDING DR 0500 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State, Se br/N 6 4. FEI Number Applied For City & State 65-0051467 Sebring Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired HIGHLAND HIGHLAND Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALBERT, PETER ALBERT, PETER 2649 NE 27 TERRACE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33306 1013 HAWKS LANDING urpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submits this statement for the p the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. \_\_\_\_\_ Addition Change **PSTD** TITLE ☐ Delete TITLE ALBERT, PETER 1013 HAWKS LANDING DR. ALBERT, PETER NAME NAME STREET ADDRESS 6310 SW 9TH PL. STREET ADDRESS CITY-ST-ZIP N. LAUDERDALE FL 33068 CITY-ST-ZIP Sebriol FL 33805 Addition ☐ Change Delete TITLE TITLE McCoy, KATEN NAMÉ CUSUMANO, PETER NAME 1013 HAWKS LANDING 207 NE LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY - ST- ZIP Sebring, FL. 33875 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information sup indicated on this report or supplemental blied with this filling does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

er like empowered.

FILED