


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90427 015 \*\*\*150.00

DOCUMENT # K25648			
1. Entity Name THE WEINBACH GROUP, INC.			
Principal Place of Business 5900 S.W. 73TH STREET STE 101 MIAMI, FL 33143 US		Mailing Address 5900 S.W. 73TH STREET STE 101 MIAMI, FL 33143 US	
2. Principal Place of Business 7301 SW 57 <sup>th</sup> Ct. Suite, Apt. #, etc. Suite 550 City & State Miami, FL Zip 33143 Country Miami-Dade		3. Mailing Address 7301 SW 57 <sup>th</sup> Ct. Suite, Apt. #, etc. Suite 550 City & State Miami, FL Zip 33143 Country Miami-Dade	
04192006		Chg-P	CR2E034 (11/05)
4. FEI Number 65-0053347		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBACH, N. PHILLIPS 12220 SW 105 CT MIAMI, FL 33176		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINBACH, N P 12220 SW 105 CT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEINBACH, ELAINE R. 12220 SW 105 CT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBACH, DOUGLAS W 10850 GRENADIER LANE ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Douglas W. Weinbach <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 Rossiter Ridge Alpharetta, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBACH, LISA S 10850 GRENADIER LANE ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lisa S Weinbach <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 320 Rossiter Ridge Alpharetta, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBACH, RANDI 7505 SW 129 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINBACH, DANIEL MATTHEW 7505 SW 129 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Elaine Weinbach</u>		Date: <u>04/17/06</u> Daytime Phone #: <u>305-668-0070</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	