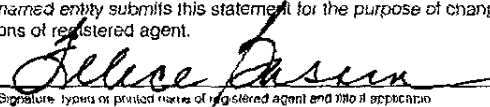


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # K35454					
1. Entity Name LEPARC REALTY, INC.					
Principal Place of Business % GEORGE G. COLLINS, JR., ESQ. 400 GARDEN CITY PLAZA, SUITE 210 GARDEN CITY NY 11530			Mailing Address % GEORGE G. COLLINS, JR., ESQ. 400 GARDEN CITY PLAZA, SUITE 210 GARDEN CITY NY 11530		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 13-3472418	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent COLLINS, GEORGE G., JR., ESQ. 756 BEACHLAND BLVD VERO BEACH FL 32963	
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 reissuing)				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 NAME STREET ADDRESS CITY-ST-ZIP	P BASSIN, FELICE 400 GARDEN CITY PLAZA, SUITE 210 GARDEN CITY NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000485140 04/12/06-80072-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CICERO, ROBERT F 400 GARDEN CITY PLAZA, SUITE 210 GARDEN CITY NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO RATNER, ARTHUR 400 GARDEN CITY PLAZA, SUITE 210 GARDEN CITY NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

Date

(516) 294-855

Daytime Phone #