

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K39960 1. Entity Name C.T. WHOLESALE CO.	
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Principal Place of Business 820 N.E. 42ND STREET OAKLAND PARK, FL 33334	Mailing Address 820 N.E. 42ND STREET OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE	 03222008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0096438 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAZNER, WILLIAM 211 N.E. 20TH STREET FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

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 reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000480362 04/10/06-80040-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BAZNER, WILLIAM 211 N.E. 20TH STREET FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS BAZNER, CATHERINE 211 N.E. 20TH STREET FT. LAUDERDALE, FL 33305
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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>Catherine Bazer</u> CATHERINE BAZNER	3/23/06 954 566 7924
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #