## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # K81339 1. Entity Name 03-06-2006 90029 032 \*\*\*150.00 MEYNOT REALTY CORPORATION Principal Place of Business Mailing Address 1565 BRIDGEWOOD DR 1565 BRIDGEWOOD DR **BOCA RATON FL 33434-4133 BOCA RATON FL 33434-4133** 3. Mailing Address 2. Principal Place of Business 1018 VPMINSTER K Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 13-2542741 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROSSMAN, JEAN 1565 BRIDGEWOOD DR BOCA RATON FL:33434-4133 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition TITLE TITLE A BRAHAM FEDER NAME GROSSMAN, JEAN NAME STREET ADDRESS STREET ADDRESS 1565 BRIDGEWOOD RD CITY-ST-ZIP BOCA RATON FL 33434-4133 CITY-ST-ZIP 33442 TITLE TITLE ☐ Delete NAME NAME GROSSMAN, ALAN STREET ADDRESS STREET ADDRESS 1565 BRIDGEWOOD RD CITY-ST-ZIP **BOCA RATON FL 33434-4133** CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 supplierrental 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.

FILED