

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90220 001 \*\*\*150.00

<b>DOCUMENT # K90360</b> 1. Entity Name <b>ASSOCIATED BUSINESS &amp; CO.</b>					
Principal Place of Business <b>600 WEST HALLANDALE BEACH BOULEVARD SUITE 6 HALLANDALE, FL 33009 US</b>			Mailing Address <b>POST OFFICE BOX 1295 HALLANDALE, FL 33008-1295 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	County	Zip	Country		
4. FEI Number <b>65-0699441</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SORIA, PEDRO E</b> <b>600 W. HALLANDALE BCH, BLVD.</b> <b>STE. 6</b> <b>HALLANDALE, FL 33009</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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  DATE <b>04/29/2006</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>PD</b> <b>SORIA, PEDRO E</b> <b>600 HALLANDALE BLVD BLDG 6</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  DATE <b>04/29/2006</b> (904) 455-0701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					