2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # K99962 1. Entity Name SINGER & SINGER LAW FIRM, CHARTERED							03-20-200	06 90013	021 ***	150.00
	e of Business BTH TERRACE RANCHES, FL 33332 L	Mailing Address PO BOX 290724 DAVIE, FL 33329-0724 US					r -	· .		
2. Principal P	Mailing Address	195	Terrace							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03062006	Chg-P	CR2E0	34 (11/05)	
City & State			Southwest Ranches, F			4. FEI Numb	•		 - - 	oplied For
Zip	Country		Zip 33332	Coun			of Status Desired		\$8.75 Add	ditional
	6. Name and Address of	f Current Regis	tered Agent			7. Name and	Address of New F			
SINGER ESQ, MARIA A					Name					
5101 SW 198 TERRACE SOUTHWEST RANCHES, FL 33332					Street Address (P.O. Box Number is Not Acceptable)					
					City				7:- 0	
					City			FL	Zip Cod	
 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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND DIRECTORS 11.					ADDITIONS	CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	DP Delete Title SINGER, MARIA								Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5101 SW 198 TERRACE SIRE				ET ADDRESS					
TITLE	Delete IIIL						······		☐ Change	☐ Addition
NAME	NAM				E					
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST-ZIP					
TITLE	☐ Delete Tifful				I .				Change	☐ Addition
NAME STREET ADDRESS				- NAM STRE	ET ADDRESS					-
CITY-ST-ZIP					-ST-ZIP					
TITLE NAME			☐ Delete	TITLI NAM	1				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITL	I				Change	Addition
NAME STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP				-	- ST- ZIP					
TITLE NAME	:		☐ Detete	TITLI	I				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADDRESS - ST-ZIP					
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 reading 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.										-3892
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/ORDIRECTOR Date Daylime Phone P										