

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L41314	
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1. Entity Name F. TRACE, INC.	Principal Place of Business 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009	Mailing Address 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009 US
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0165934	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, ARTHUR E
1920 E. HALLANDALE BEACH BLVD.
SUITE 906
HALLANDALE, FL 33009

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 resigning)	DATE
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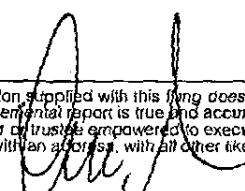
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000513974 04/29/06-80149-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE VS	NAME LIPSON, ROCHELLE
STREET ADDRESS 1920 E HALLANDALE BEACH BLVD #906	CITY-ST-ZIP HALLANDALE, FL 33009
TITLE PT	NAME LIPSON, ARTHUR E
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD STE 906	CITY-ST-ZIP HALLANDALE, FL 33009
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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:  **ARTHUR E. LIPSON** **4/14/06** **954 454-1114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone