

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L51607**  
 1. Entity Name  
**3300 CORP.**



Principal Place of Business: **3300 NORTH POWERLINE RD. POMPANO BEACH FL 33065**  
 Mailing Address: **6001 N. OCEAN DR. #703 HOLLYWOOD FL 33019**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **65-0183421**  
 Applied For:  Not Applied:

5. Name and Address of Current Registered Agent  
**ABBOTT, WAYNE**  
**6001 N. OCEAN DR. #703**  
**HOLLYWOOD FL 33019**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: <b>DPT</b>	<input type="checkbox"/> Delete
NAME: <b>ABBOTT, WAYNE SCOTT</b>	
STREET ADDRESS: <b>6001 N. OCEAN DRIVE #703</b>	
CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete
NAME: <b>ABBOTT, WAYNE SCOTT</b>	
STREET ADDRESS: <b>6001 N. OCEAN DRIVE 703</b>	
CITY-ST-ZIP: <b>HOLLYWOOD FL 33019</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 03/07/06-20063-004 150.00

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 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: Wayne Abbott Pres. 2/20/06.