2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77207

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLAMINGO TERRACE ENTERPRISES, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 334 W 25TH ST APT 9 MIAMI BEACH, FL 33140 **New Mailing Address: Current Mailing Address:** 334 W 25TH ST APT 9 MIAMI BEACH, FL 33140 FEI Number: 59-3020931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BORST KOLKO, LINDA 334 W 25 ST APT 9 MIAMI BEACH, FL 33140 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BORST KOLKO, LINDA, Name: Name: 334 W 25 ST APT 9 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: Title: Title: () Delete () Change () Addition BORST KOLKO, LINDA, Name: Name: 334 W 25 ST APT 9 Address: Address: MIAMI BEACH, FL 33140 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BORST KOLKO, LINDA Name: Name: 334 W 25ST APT 9 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition NEARY, GEORGE, NEARY, GEORGE, Name: Name: Address: 334 W 25 ST APT 9 Address: 334 W 25 ST APT 9 City-St-Zip: MIAMI BCH, FL 33140 US City-St-Zip: MIAMI BCH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA BORST KOLKO PRES 04/27/2006

() Delete

MIAMI BEACH, FL 33140 US

KIRK, WILLIAM

334 25 ST APT 9

() Change () Addition