

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90375 043 \*\*\*150.00

40074486



04252006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0200101 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

RYAN, A J JR  
700 EAST DANIA BEACH BLVD  
DANIA, FL 33004

## 7. Name and Address of New Registered Agent

Name **CHRISTOPHER J RYAN**  
Street Address (P.O. Box Number is Not Acceptable)

**700 EAST DANIA BEACH BLVD**

City **DANIA BEACH** FL Zip Code **33004**

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.

**CHRISTOPHER J. RYAN**

(NOTE: Registered Agent signature required when reinstating)

**4/28/06**

DATE

**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

## 10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME RYAN, A J JR ☐ Delete  
STREET ADDRESS 700 EAST DANIA BEACH BLVD  
CITY-ST-ZIP DANIA, FL 33004

TITLE VD  
NAME RYAN, JOHN M ☐ Delete  
STREET ADDRESS 34 NORTHWEST 1ST AVENUE  
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE UP/T/D ☐ Change ☒ Addition  
NAME **CHRISTOPHER J RYAN**  
STREET ADDRESS **700 E. DANIA BEACH BOULEVARD**  
CITY-ST-ZIP **DANIA BEACH, FL 33004**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VICE PRESIDENT**

**CHRISTOPHER J. RYAN**

**4/28/06**

DATE

**954.920.2921**

DAYTIME PHONE #