

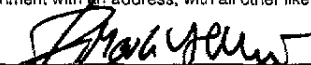


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L98566 1. Entity Name KASALTA MIRAMAR, INC.			
Principal Place of Business ATTN F MARK YASANI 515 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301 US		Mailing Address ATTN F MARK YASANI 515 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301 US	
DO NOT WRITE IN THIS SPACE			
		01262006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0220299	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGMAN RICHARD ESQ 515 EAST LAS OLAS BLVD 4TH FLOOR FORT LAUDERDALE, FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DATE 02/08/06-80076-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	DP	DO NOT WRITE IN THIS SPACE	
NAME	WRIGHT, LEE		
STREET ADDRESS	515 EAST LAS OLAS BLVD		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
TITLE	DV		
NAME	ROISTACHER, LINDA		
STREET ADDRESS	515 EAST LAS OLAS BLVD		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
TITLE	DVST	DO NOT WRITE IN THIS SPACE	
NAME	VASANI, MARK F		
STREET ADDRESS	515 EAST LAS OLAS BLVD		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: 		1/26/06 (954) 765-7137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
F. Mark Vasani, 1st Vice President			