

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

01-201

✓ **DOCUMENT # M30630**  
1. Entity Name  
✓ **R.D. SHAY AND COMPANY INC.**



Principal Place of Business  
**1000 BRICKELL AVE.  
SUITE 500  
MIAMI, FL 33131 US**

Mailing Address  
**1000 BRICKELL AVE.  
SUITE 500  
MIAMI, FL 33131 US**

**DO NOT WRITE IN THIS SPACE**



05182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2671639**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and fee if applicable DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHAY, RODGER D. 1000 BRICKELL AVE, 7TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAY, RODGER D., JR. 1000 BRICKELL AVE, 7TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS PODRAZA, ROBERT T 1000 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/22/06-80016-019 550.00

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 entries.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-17-06** (305) 507-1549  
Date Day/Time Phone #