2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M75500

1. Entity Name
THE FRED SHARFSTEIN AGENCY, INC.

Principal Place of Business	Mailing Address
420 S DIXIE HWY SUITE 4-L CORAL GABLES, FL 33146 US	420 S DIXIE HWY SUITE 4-L CORAL GABLES, FL 33146 US

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0041983	Not Applicable

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

6. Name and Address of Current Registered Agent

SHARFSTEIN ALFRED
420 S DIXIE HIGHWAY
SUITE # 4-L
CORAL GABLES, FL 33146

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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.   (NOTE: Registered Agent signature required when reinstating)   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	U000000455546 03/15/06 -80061-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	SHARFSTEIN, CAROL
STREET ADDRESS	420 S DIXIE HWY 4L
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	SHARFSTEIN, ALFRED
STREET ADDRESS	420 S DIXIE HWY 4L
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _Alfred Sharfstein_   ALFRED SHARFSTEIN   3/1/06   305-667-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #