## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N02000003312



**FILED** Mar 23, 2006 8:00 am Secretary of State

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18100 N. BAY ROAD 18		18100 NOR	Mailing Address 18100 NORTH BAY ROAD SUNNY ISLES, FL 33160			i raomini on a			<b>.</b> 111 <b>41</b> 11 <b>8</b> 18 1181	KEI B1 1881	
2. Principal P	lace of Business		3. Mailing Add	dress							
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			02012006	Chg-NP	CR2E037	(11/05)		
City & State		City & Stat		02 0446927		plied For t Applicable					
Zip	Zip Country		Zip			5. Certificate of Sta			LJ È	8.75 Add ee Required	
6. Name and Address of Current Registers			Registered Agen	1 <b>t</b>	Name		7. Name and A	Address of New	Registered Ac	gent	
		S, P.A. LE BEACH BLVD	<b>)</b> .			ddress (P	2.O. Box Number	is Not Acceptab	ole)	<del></del>	
HALLAND	ALE BEACH,	FL 33009									
					City			· · · · · ·	FL	Zip Code	
8. The above the obligat	named entity sub tions of registered	omits this statement for agent.	r the purpose of o	changing its re	gistered office o	r registere	ed agent, or both	i, in the State of F	Florida. 1 am fa	miliar with, a	and accept
SIGNATURE .		nled name of registered agent a	and title if applicable.	(NOTE: F	Registered Agent signal	ture required v	when reinstating)		DATE		
SIGNATURE .		\$61.25	9. E		aign Financing		when reinstating) \$5.00 May Be Added to Fees		DATE Make check orida Departr		
10.	Signature, typed or prin Filling Fee is Due by May	\$61.25	9. E 1 RECTORS	Election Camp Trust Fund Cor	naign Financing ntribution.		\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFIC	Make check orida Departr ERS AND DIRE	nent of St	ate
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I hereby certify that the information supplied with this filling 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 617, 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

3-21-06

305-466-2773

Daytime Phone #