2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # NO								04-20-2	2006 902	40 001	***428	3.75
4400 WEST SAMPLE ROAD, SUITE 200 4			44001	Mailing Address 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 33073-3450			66010885						
Principal Place of Business 3. M			3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03242006	Chg-NP	CF	R2E037	(11/05)	
City & State			City & State					00.0700700			plied For Applicable		
Zip	Cou	untry	Zip		Cou	ntry		5. Certificate	of Status De	sired [3.75 Add e Required	itional
	6. Name and Ad	dress of Current I	Registered	Agent				7. Name and	Address of	New Regist	tered Ag	ent	
				•		Name	~ 17	I Posi	n				
MINTO ARRESIA, INC. ATTN: MICHAEL GREENBERG 4400 WEST SAMPLE ROAD, SUITE 200						Harry L. Posin Street Address (P.O. Box Number is Not Acceptable) 4400 W. Sample Rd., Suite 200							
	CREEK, FL 33												
		• '				City Coc	onu	t Creek			FL	Zip Code 3 3 0 7	3
	e named entity submittions of registered ag	ent. M	На	arry L.	Pos	in	registor	ed agent, or bot	h, in the Sta	loc	. I am far	niliar with,	and accept
	Filing Fee is \$	61.25	and title II applic	9. Election Carr	npaign F	inancing	ure required	\$5.00 May B	e	Make	check p	ayable to	
-	Due by May 1,			Hust Fulla C	ontributi	On.		Added to Fees		FIORGA	Departin	ent of St	ate
10.		FFICERS AND DIF	RECTORS		11.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CH	ANGES TO	OFFICERS A	ND DIRE	CTORS IN	10
TITLE	PD			☐ Delete	TITLE			•				Change	☐ Addition
NAME STREET ADDRESS	1	BEER, T.R. 4400 WEST SAMPLE ROAD, SUITE			NAM: STRE	ET ADDRESS							
CITY-ST-ZIP	COCONUT CRE					-ST-ZIP							
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CITY-ST-ZIP						-ST-ZIP							F7
TITLE				☐ Delete	TITLE						[Change	Addition
NAME STREET ADDRESS					1	ET ADDRESS							

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 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.

CITY-ST-ZIP

SIGNATURE:	Tun	- Tip.Beer	4-7-06	954-973-4490
	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CITY-ST-ZIP