2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90190 011 ****61.25

1. Entity Name	MENT # N050000100 REFRONT DECLARANT INC							011 ****6	51.25
848 BRICKELL AVE., STE. 700 84		Mailing Address 848 BRICKELL AVE., STI MIAMI, FL 33131	8 BRICKELL AVE., STE. 700		41	1009A	00		
2. Principal Place of Business		3. Mailing Address						 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0418	32006	Chg-NP	CR2E	E037 (11/05)	
City & State		City & State		4. FE	I Number				oplied For
Zip	Country	Zip	Country	5. Ce	ertificate of	Status Desire	ed 🔲	\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Na	me and Ad	dress of Ne	w Registere		
MURAI, WALD, BIONDO, MORENO & BROCHIN, PA			Name						
TWO ALHA	AMBRA PLAZA, PH 1B ABLES, FL 33134	oorma, , , A	Street A	Street Address (P.O. Box Number is Not Acceptable)					
	*								
			City	FL∣`					
8. The above the obligati	named entity submits this statement for tons of registered agent.	the purpose of changing its r	registered office or	registered ager	nt, or both,	in the State o	of Florida. I a	m familiar with,	and accept
	r.								
SIGNATURE _	Signature, typed or printed name of registered agent an	od title if applicable. (NOTE:	: Registered Agent signat	ure required when reins	stating)		DAT	 E	
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	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Ca	paign Financing	\$5.00	May Be		Make che	eck payable to	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Ca	ipaign Financing ontribution.	S5.00 Added) May Be to Fees		Make che Florida Dep	eck payable to partment of S	tate
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412110U.

1001- FFE (705)

Daytime Phone #