

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90020 015 ****70.00

DOCUMENT # N95000004862

1. Entity Name

SHAKE-A-LEG MIAMI, INC.



Principal Place of Business

2620 S BAYSHORE DRIVE
MIAMI FL 33133

Mailing Address

2620 S BAYSHORE DRIVE
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0611917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORGAN, HARRY R
7901 SW 50 COURT
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2620 South Bayshore Drive

City

Miami

FL

Zip Code

33133

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

[Handwritten 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 \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ANDY, VLADIMIR
STREET ADDRESS 3802 LITTLE AVE.
CITY-ST-ZIP MIAMI FL 33133

TITLE C ☐ Delete
NAME GREEN, BARTH
STREET ADDRESS 620 SABAL PALM RD.
CITY-ST-ZIP MIAMI FL 33137

TITLE T ☐ Delete
NAME ROSENBERGER, ROGER
STREET ADDRESS 14500 SW 94 CT.
CITY-ST-ZIP MIAMI FL 33176

TITLE P ☐ Delete
NAME HORGAN, HARRY R
STREET ADDRESS 7901 SW 50 CT
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME CHARLES, HARTZ
STREET ADDRESS 4800 LEJEUNE ROAD
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VC ☐ Delete
NAME FORMAN, LARRY
STREET ADDRESS 6505 SUNSET DR W ATRIUM
CITY-ST-ZIP MIAMI FL 33143

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]