

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003637**

1. Entity Name  
**NATIONAL CONSUMER RESOURCE CENTER, INC.**



Principal Place of Business  
**3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**

Mailing Address  
**3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**



04282006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0847203**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RUBINO, STEPHEN  
3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RUBINO, STEPHEN  
3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FELICIANO, WANDA  
2452 SW 106TH AVE  
MIRAMAR, FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MUIR, MURIEL  
3504 NW 116TH TERRACE  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROWE, JASON  
10924 NW 1ST MANOR  
CORAL SPRINGS, FL 33071**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
VERLUNGLERI, ERNAMI  
2780 NE 21ST TERRACE  
LIGHTHOUSE POINT, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, BRETT  
P.O. BOX 970123  
COCONUT CREEK, FL 33066**

100000551867  
05/13/06-80032-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06 954-956-8888