2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P0000005605 1. Entity Name FLAGLER ANTIQUES, INC. Principal Place of Business Mailing Address 720 W, FLAGLER DR. 720 W. FLAGLER DR. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0970875 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VAVROVSKY, JEAN 1478 NE 57TH ST. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33334 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May B 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Adais. ☐ Delete TITLE THLE D NAME VAVROVSKY, JEAN NAME U00000529340 <u>05/05/06-80073-014</u> 150.00 STREET ADDRESS STREET ADDRESS 1478 NE 57TH ST. CITY-SI-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete HILE NAME NAME STHLET ADDRESS STREET ADDRESS EITY-ST-ZIP CITY-St-ZIP □ Ad "" ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST- ZP CHTY ST-ZIP ☐ Change Aduliii TITLE Defete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP □ Ad ^{Ad} ☐ Delete THE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this hling does not quality 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 direction the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1

Davrime Phone #