

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90001 007 \*\*\*550.00

**60038644**



09052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0989354</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

BARRETT, WILBERT L  
14545 CARVER DRIVE  
MIAMI, FL 33176

**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

*Wilbert L. Barrett*

*9-5-06*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BARRETT, WILBERT L
STREET ADDRESS	8802 SW 161 STREET
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP
NAME	FRYAR, ALETHEA
STREET ADDRESS	14961 LINCOLN BLVD
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SEC.
NAME	FLOYD DAWSON
STREET ADDRESS	5585 S.W. 64 AVENUE
CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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:

*Wilbert L. Barrett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*9-5-06*