



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000041135</b>		
1. Entity Name FOR MANAGEMENT, INC.		
Principal Place of Business 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD, FL 33021		Mailing Address 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD, FL 33021
		
01192006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-1001615		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD, FL 33021		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKERMAN, LESLIE H 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLODKIN, JEFFREY 4000 HOLLYWOOD BLVD., SUITE 495 SOUTH HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 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: <u>Jeffrey Solodkin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/19/06 954 961 5323 <small>Date Daytime Phone #</small>