| | 2006 FOR PROFIT CORPORATION ANNUAL REPORT | | | | FILED May 04, 2006 8:00 am | | | |
|---|--|---|-------------------------|---|--|---|---------------------------------------|--|
| 13801 S.W. 142ND AVENUE 13801 S.W. 142ND AVENUE MANU, FL 33186 MANU, FL 33186 DO NOT WRITE IN THIS SPACE | 1. Entity Name | | | | Secretary of State | | | |
| DO NOT WRITE IN THIS SPACE 04272008 No ChapP CR2E034 (11/05) 04272008 No ChapP CR2E034 (11/05) 1 Applied For 65-1016603 No ChapP CR2E034 (11/05) 1 Applied For 65-1016603 CR2E034 (11/05) 1 Applied For 65-1016603 CR2E034 (11/05) Start Status of Status Desired DUMAS, ALEXANDER 13301 S.W. 142ND ALENDER MIAMM, FL 33166 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Status of the status of the purpose of charging its registered agent, or both, in the State of Purice. I an familiar with, and accept the designation of the desidenced agent, or both, in the State of Purice. I an familiar with, and accept the designation of the desidenced agent, or both, in the State of Purice. I an familiar with, and accept That fund Contribution State And Direct Colspan="2">State of Purice agents agents of the desidenced agent, accept agents agents agents agents agents agent agen | 13801 S.W. | 142ND AVENUE | 13801 S.W. 142ND AVENUE | | 1 130/1301 (II) 00/18 1 | ARHI BAHI DANI DANI DAIM | ETYÖL JÖTTI ANDAL JOTTA ANTAÄN TOTAIN | |
| DUMAS: ALEXANDER 13601 S.W. 142ND AVENUE DO NOT WRITE IN THIS SPACE Atternation of registered agent, or both, in the State of Ponda. 1 am familiar with, and accept the obligations of registered agent. Tam familiar with, and accept (MT = 1) SIGNATURE: Other may of the statement for the purposes of changing its registered agent, or both, in the State of Ponda. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE: Other may of the statement for the purposes of changing its registered agent, or both, in the State of Ponda. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE: Other may of the statement for the purposes of the statement for the purposes of the statement for the statement for the statement for the purposes of the statement for the statement fo | DO NOT WRITE IN THIS SPAC | | | | 04272006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-1016603 Not Applicable 5. Certificate of Status Desired \$8.75 Additional | | | |
| The obligations of registered agent. SIGNATURE Gegment typed a pixed term of registered agent and term the flarekaste. (NOTE Registered Agent argument resulting) DATE After Mary 1, 2006 Flow will be \$530,00 9. Election Campatign Financing Trust Fund Contribution. \$5,00 May be Added to Fees State 10. OFFICERS AND DIRECTORS Intel Fund Contribution. \$5,00 May te Added to Fees State 10. OFFICERS AND DIRECTORS Intel Fund Contribution. State and the fees State and the fees 10. OFFICERS AND DIRECTORS Intel Fund Contribution. State and the fees State and the fees 10. OFFICERS AND DIRECTORS Intel Fund Contribution. State and the fees State and the fees 10. OFFICERS AND DIRECTORS Intel Fund Contribution. State and the fees State and the fees 10. OFFICERS AND DIRECTORS Intel Fund Contribution. Intel Fund Contribution. State and the fees 11. Intel Koness Graves Grave Mixed Mixed State And the fees Intel Fund Contribution. Intel Fund Contribution. Intel Fund Contribution. 11. Intel Koness Grave Field State And Field | 13801 S.W | ALEXANDER V. 142ND AVENUE | stered Agent | | | | | |
| After May 1, 2006 Fee will be \$500.00 Trust Fund Contribution. Added to Frees 10. OFFICERS AND DIRECTORS ITTLE PTSD WWE 13801 S.W. 142ND AVENUE GTV-ST-2P MIAMI, FL 33186 ITTLE INTHIS SPACE | the obligat | tions of registered agent. | | _ | | | | |
| ITTLE PTSD INME DUMAS, ALEXANDER STRET ADRESS 13801 S.W. 142ND AVENUE ITTLE MIAMI, FL 33186 ITTLE MAME ITTLE ITTLE ITTLE <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<> | | | | | | | | |
| NWE STREET ADDRESS DO NOT WRITE ITTLE IT | TITLE Name Street address | PTSD DUMAS, ALEXANDER 13801 S.W. 142ND AVENUE | CTORS | | | | | |
| NAME STREET ADDRESS CTY-ST-2P TTLE TAME STREET ADDRESS CTY-ST-2P TTLE TAME STREET ADDRESS CTY-ST-2P TA | NAME STREET ADDRESS CITY-ST-ZIP | | • | | | | | |
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| NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does no querify 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 ind 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 execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if | NAME STREET ADDRESS | | | | IN TH | IIS SPA | CE | |
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| SIGNATURE AND TYPED OR PRINTER HANGOF SIGNING OFFICER OR DIRECTOR | | URE K/ | N | | d in Chapter 119, Flor same legal effect as i 7, Florida Statutes; an O Y (2) | rida Statutes. I furthe if made under oath; t d that my name app 706 | 2240 | |