## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 27, 2006 08:00 AM DOCUMENT # P00000059494 **Secretary of State** 717 RONEY, INC. Principal Place of Business . \_\_ Mailing Address **600 THREE ISLANDS BLVD** 600 THREE ISLANDS BLVD 1605 HALLANDALE, FL 33009 HALLANDALE, FL 33009 04252006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1087612 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HARKATZ, DANIEL L DO NOT WRITE 600 THREE ISLANDS BLVD APT 1605 HALLANDALE, FL 33009 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 according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE Signature types or printed name of registered agent and nits if applicable (NOTE, Registered Agent signature required when registating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE እላኢንፑ HARKATZ, DANIEL L STREET ADDRESS 600 THREE ISLANDS BLVD APT 1605 CITY-ST-ZIP HALLANDALE, FL 33009 U00000S42153 HILE 05/10/06-80088-002 150.00 MAME HUTIN, ELENA MARTA STREET ADDRESS 600 THREE ISLANDS BLVD APT 1605 CITY-ST-ZIP HALLANDALE, FL 33009 MARK STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information applied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the informatindicated on this report or supplierpental 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 directly of the corporation or the repeiver infrustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

DIMECTOR

DAVIEL HARKUTZ

4/24/06

**FILED** 

(305) 528-45