

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068048

FILED
Apr 27, 2006
Secretary of State

Entity Name: SYMPHONY BUILDERS AT THE TIDES, INC.

Current Principal Place of Business:

1700 NORTH UNIVERSITY DRIVE #302
CORAL SPRINGS, FL 33071

New Principal Place of Business:

4400 W SAMPLE ROAD
STE 118
COCONUT CREEK, FL 33073

Current Mailing Address:

1700 NORTH UNIVERSITY DRIVE #302
CORAL SPRINGS, FL 33071

New Mailing Address:

4400 W SAMPLE ROAD
STE 118
COCONUT CREEK, FL 33073

FEI Number: 65-1031216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRY A. ROTHENBERG, P.A.
815 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSCOVITCH, LEWIS
Address: 1700 NORTH UNIVERSITY DRIVE #302
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOSCOVITCH, LEWIS
Address: 4400 W SAMPLE ROAD, # 118
City-St-Zip: COCONUT CREEK, FL 33072

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS MOSCOVITCH

D

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date