## 2006 FOR PROFIT CORPORATION

## FILED Feb 28, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State			
1. Entity Name	MENT # P00000074129						
Principal Place 701 BRICKELL MIAMI, FL 33	L AVE STE 3000 T 7	eiling Address 01 BRICKELL AVE STE 3000 SIAMI, FL 33131					
DO NOT WRITE IN THIS SPA			CE	02052005 No Chg-P CR2E034 (11/05)  4. FEt Number			
	<ol><li>Name and Address of Current Regis</li></ol>	tered Agent		·			
INTRASTATE REGISTERED AGENT CORP 701 BRICKELL AVE STE 3000 MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE				
<ol> <li>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 a bilinguitions of registered agent.</li> </ol>							
SIGNATURE				nature required when reinstating?			
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	1000004 03/10/06-8	<del>51555</del> -	150.00
10.	OFFICERS AND DIREC	CTORS	1			-	
TITLE NAME STREET ADDRESS CITY- \$1-21P	DPST MOTTOLA, THOMAS D 220 EAST 42ND ST, 32ND FLOOR NEW YORK, NY 10017						
TITLE NAME STREET ADDRESS CITY-ST-21P							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				-	NOT W THIS SP	<b></b>	
STREET ADORESS CITY-ST-ZIP				•••			

12. I hereby certify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 507, 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(

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06

212 476-5555