

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90223 033 ***158.75

60033442



04112006 No Chg-P CR2E034 (11/05)

4- FEI Number ~~85-1047977~~ 65-1050316 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOSOY, BRIAN D
ONE NORTH CLEMATIS ST
SUITE 305
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOSOY, BRIAN D
STREET ADDRESS	ONE N. CLEMATIS ST. STE. 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	KOSOY, A. DAVID
STREET ADDRESS	ONE N. CLEMATIS ST. STE. 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VSTD
NAME	MOROSS, GREGORY S
STREET ADDRESS	ONE NORTH CLEMATIS ST. STE. 305
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian D. Kosoy 04-19-06 561-835-1810
Date Daytime Phone #

ATTACHMENT

6003342
#P00000086885

PLEASE NOTE: The Federal Tax ID # on this form was stated incorrectly.
A change has been made to this form to reflect the correct
ID number. Please make note on your records accordingly.
Thank you.