2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P00000095276 04-18-2006 90072 029 ***150.00 ONE SOUTH OCEAN DRIVE 2000, INC. Principal Place of Business Mailing Address ONE SOUTH OCEAN BLVD ONE SOUTH OCEAN BLVD 40052496 STE 204 STE 204 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1047842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, P.A. EISINGER, DENNIS J ESQ. Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BOULEVARD **SUITE 265-S** HOLLYWOOD, FL 33021 Hollywood Blvd., # 265- South 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 ager odrew I. Lawis, Esq., Sec y SIGNATURE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Addition Change ROY, JEAN F JEAN FRANCOIS ROY NAME NAME STREET ADDRESS One South Ocean Blud, #204 1 S. OCEAN BLVD STE 204 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33432 TITLE **D**elete TITLE DVS ☐ Change Addition MARK ISSENMAN Blue, # 204 MARTIN, PIERRE NAME NAME 1 S. OCEAN BLVD SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 Boca Raton, FL 33432 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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 trusted 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 attact of the composition of the receiver of the rec

MARK ISSENMAN, Secy

PED OF PRINTED NAME OF SIGNING OFFICE

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