

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90001 006 ***150.00

DOCUMENT # P00000096852 1. Entity Name PROJECTLAND CORP.					
Principal Place of Business 200 SOUTH BISCAYNE BLVD., STE 4100 MIAMI, FL 33131			Mailing Address 200 SOUTH BISCAYNE BLVD., STE 4100 MIAMI, FL 33131		
2. Principal Place of Business 806 Douglas Road		3. Mailing Address 806 Douglas Road			
Suite, Apt. #, etc. Suite 580		Suite, Apt. #, etc. Suite 580			
City & State Coral Gables FL		City & State Coral Gables, FL			
Zip 33134	Country US	Zip 33134	Country US	4. FEI Number 65-1049940	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS, 200 SOUTH BISCAYNE BLVD., STE 4100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Road Suite 580 City Coral Gables FL Zip Code 33134		
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: 1/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHACHNER, MARIO 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHACHNER, MARIO 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHACHNER, JOSE 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHACHNER, JOSE 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOHA JAQUELINE 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOHA, JAQUELINE 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LITVAK, GABRIELA 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LITVAK, GABRIELA 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					