2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P01000006639 Apr 24, 2006 08:00 AN 1. Entity Name **Secretary of State** FISHER & COHEN ACCOUNTING & TAX SERVICE, INC Principal Place of Business Mailing Address 8333 W. MCNAB RD., 127 TAMARAC FL 33321 8333 W. MCNAB RD., 127 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1066890 Not Applicable Zφ 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 Name FISHER, CARL Street Address (P.O. Box Number is Not Acceptable) 8333 W. MCNAB RD., 127 TAMARAC FL 33321 City Zip Code FL 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 life it applicable (NOTE: Regisfered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE ☐ Change Additio NAME FISHER, CARL NAME STREET ADDRESS 8333 W. MCNAB RD., 127 STREET ADDRESS U00000526968 CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP <u>05/04/06-80092-023</u> 150.00 TITLE Delete TITLE Change Addition NAME COHEN, ROBERT H HAME STREET ADDRESS 8333 W. MCNAB RD., 127 STREET ADDRESS CITY - ST - ZIP TAMARAC FL 33321 CHY-ST-ZIP HILL ☐ Change 🔲 Addiji ☐ Delete NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DIRE ☐ Change T Allen NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY - ST- ZIP BILLE ☐ Delete TITLE ☐ Change ☐ A₁.... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this kiling does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

Date

Davilme Phone #