2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 08:00 AM DOCUMENT # P01000010105 **Secretary of State** 1. Entity Name GARRETT R. WEINSTEIN, D.C., P.A. Principal Place of Business Mailing Address 919 E CYPRESS CREEK BLVD FORT LAUDERDALE FL 33334 10865 BLUE PALM STREET PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State . Applied For 4. FEI Number 65-1096642 Not Applicable Zip Country Zio 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 WEINSTEIN, GARRETT R Street Address (P.O. Box Number is Not Acceptable) 260 POINCIANA ISLAND DR. NORTH MIAMI BEACH FL 33160 City 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 it applicable (NOTE: Registered Agent signature required when reinslating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE Delete TISLE ☐ Change Addition 🔲 NAME WEINSTEIN, GARRETT R NAME U00000442012 STREET ADDRESS 260 POINCIANA ISLAND DR. STREET ADDRESS 03/04/06 80001-024 150.00 C15Y-ST-20P CITY-ST-77P NORTH MIAMI BEACH FL 33160 TOTALE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete INLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete KILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Defete ☐ Addition ☐ Change NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DD) F ☐ Change Addition 1 NAME NAME STREET ADDRESS STREET ADDRESS City-ST-Zi? CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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 fixe empowered.

FILED

SIGNATURE: DE GARRETT WEINSLEW, R.C. 2-16-06 305-450-295