## **2006 FOR PROFIT CORPORATION**

## May 02, 2006 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P01000015029** GEGRGE A. KOKUS, P.A. Principal Place of Business Mailing Address 1521 S.W. LEJEUNE RD. 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 05012006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1074794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORMAN, TERRY J DO NOT WRITE 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 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 Sensaure, typed or or mind name of registered agent and trie if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 U000000558591 <del>05/17/06-00100-010-150.00</del> OFFICERS AND DIRECTORS 10. DITLE KOKUS, GEORGE A NAME STREET ADDRESS 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-ZiP DILE

12. Thereby 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 wi

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

303-6596103 Daytyna Phone #

FILED