

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000018384

1. Entity Name

9425-27 HARDING AVENUE, INC.



Principal Place of Business

**9425 HARDING AVE.
SURFSIDE FL 33154**

Mailing Address

**9425 HARDING AVE.
SURFSIDE FL 33154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number
65-1079079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINVARB, ROBERT
9425 HARDING AVE.
SURFSIDE FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FINVARB, RICHARD**
CITY-ST-ZIP **9425 HARDING AVE.
SURFSIDE FL 33154**

TITLE ☐ Change ☐ Add
NAME **U000000432147**
STREET ADDRESS **02/23/06-80056-016**
CITY-ST-ZIP **150.00**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FINVARB, ROBERT**
CITY-ST-ZIP **9425 HARDING AVE.
SURFSIDE FL 33154**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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NAME
STREET ADDRESS
CITY-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 like empowered

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 (305) 861-3333
Date Daytime Phone #