2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000033754

Entity Name
 SOUTH FLORIDA TRAILERS OF FLORIDA, INC.



FILED Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business

2220 SW 57TH AVE. HOLLYWOOD, FL 33023 Mailing Address

2220 SW 57TH AVE. HOLLYWOOD, FL 33023



## DO NOT WRITE IN THIS SPACE

| 02012006         | No Chg-P                  | CR2E034 (11/05) |                          |  |  |
|------------------|---------------------------|-----------------|--------------------------|--|--|
| 4. FEI Number    |                           |                 | Applied For Not Applicat |  |  |
| 65-1090          | 402                       |                 | Not Applicat             |  |  |
| 5. Certificate o | ificate of Status Desired |                 | \$8.75 Additional        |  |  |

6. Name and Address of Current Registered Agent

CASTALINE, JAY 2220 SW 57TH AVE. HOLLYWOOD, FL 33023

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the patients of registered agent. | ourpose of changing its registered o   | ffice or re  | egistered agent, or bi     | oth, in the State of Florida. I am familiar with, and acc |
|---|---|--|--------------|----------------------------|---|
| SIGNATURE   | Signature, typed or printed name of registered agent and title            | if applicable (NOTE: Registered Age  | ni signature | required when reinsteting) | CATE  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00       |   | 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees |              |                            |   |
| 10.   | OFFICERS AND DIREC  | CTORS  |              |                            |   |
| TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | PD<br>CASTALINE, JAY<br>4729 MADISON ST.<br>HOLLYWOOD, FL 33021           |  |              | ·                          | 008000493427<br>04/20/06-80005-082 150.00                 |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS             |   |  |              |                            | NOT WRITE<br>THIS SPACE                                   |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                |   |  | . <i>•</i>   |                            |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  | <del> </del> |                            | O. P. M. Owner I Called a self-cultural the last and the  |

12. I hereby certify that the information supplied with this filips 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 executate and that my signature shall have the same legal effect as if made under eath; that I am an officer or direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

GNATURE AND EVOLO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06 94946-058