

FILED
May 03, 2006 8:00 am
Secretary of State

DOCUMENT # P01000054678

Mailing Address
1033 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33334

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

CR2E034 (11/05)

4. FEI Number
01-0548908

Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
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 DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMUTTER, ROSALIND	
STREET ADDRESS	1033 EAST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	PAWAROO, PERRY	
STREET ADDRESS	1033 E. OAKLAND PRETC BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT-ADMINISTRATION	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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TITLE	VICE PRESIDENT-ADMINISTRATION	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOIS FRIEDMAN		
STREET ADDRESS	1033 EAST OAKLAND PARK BLVD		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____