

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059981

Entity Name: EAGLET MANAGEMENT, INC

FILED  
Jan 03, 2006  
Secretary of State

## Current Principal Place of Business:

4141 NW 5TH STREET #100  
PLANTATION, FL 33317

## New Principal Place of Business:

1802 N UNIVERSITY DR  
#226  
PLANTATION, FL 33322

## Current Mailing Address:

4141 NW 5TH STREET #100  
PLANTATION, FL 33317

## New Mailing Address:

1802 N UNIVERSITY DR  
#226  
PLANTATION, FL 33322

FEI Number: 65-1113272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEZERLE, SAVITA  
1802 N UNIVERSITY DR #226  
PLANTATION, FL 33322 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: D'AGUILAR, CECILE  
Address: 4141 NW 5TH STREET #100  
City-St-Zip: PLANTATION, FL 33317

Title: T ( ) Delete  
Name: KEZERLE, SAVITA  
Address: 1802 N. UNIVERSITY DR., #226  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: D'AGUILAR, CECIL  
Address: 4141 NW 5TH STREET #100  
City-St-Zip: PLANTATION, FL 33317

Title: PST (X) Change ( ) Addition  
Name: KEZERLE, SAVITA  
Address: 1802 N. UNIVERSITY DR., #226  
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAVITA KEZERLE

PST

01/03/2006

Electronic Signature of Signing Officer or Director

Date