## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P01000065993 1. Entity Name 02-15-2006 90034 030 \*\*\*158.75 CARDINAL TEAM REALTY, INC. \*\* Principal Place of Business Mailing Address 12 82 44 16606 NE 3RD AVENUE MIAMI FL 33162 16606 NE 3RD AVENUE MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-1120834 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLANDER, BRUCE L ESQ. Street Address (P.O. Box Number is Not Acceptable) 901 SOUTH STATE ROAD 7 **SUITE 360 HOLLYWOOD FL 33023** City 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 roinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PIERRE, MAX JEFFERSON Change TITI E ☐ Delete TITLE NAME PIERRE, MAX JEFFERSON NAME 16606 NE 3 AND AVE STREET ADDRESS 16606 NE 3RD AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33162 CITY-ST-ZIP miani FC TRASORY Delete TITLE TITLE MAX JEFFERSON Pierre NAME NAME STREET ADDRESS STREET ADDRESS 16606 NE -3 RU AUC mani FL 33162 CITY-ST-ZIP CITY-ST-7IP TITLE Delete. TiT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

**FILED** 

Feb 15, 2006 8:00 am

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: \*\*LIANT SHALLOW PLEASE\*\*\* O2 - 03 - 4006 (305) 944-076\*\*\*
SIGNATURE: \*\*LIANT SHALLOW PLEASE\*\*\*\*

SIGNATURE: \*\*LIANT SHALLOW PLEASE\*\*\*\*

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SIGNATURE: \*\*LIANT SHALLOW PLEASE\*\*\*

Date Type of PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CITY ST-ZIP

CITY-ST-ZIP