

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071408

Entity Name: 20001 SOUTH DIXIE, INC.

**FILED**  
**Feb 15, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

957 HARBORVIEW NORTH  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

3801 N UNIVERSITY DR  
315B  
SUNRISE, FL 33351

**Current Mailing Address:**

957 HARBORVIEW NORTH  
HOLLYWOOD, FL 33019

**New Mailing Address:**

3801 N UNIVERSITY DR  
315B  
SUNRISE, FL 33351

FEI Number: 65-1128662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLNER, ROBIN I  
LEOPOLD, KORN & LEOPOLD, P.A.  
20801 BISCAYNE BLVD, SUITE 501  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

DELPERCIO, LEONARD  
957 HARBORVIEW NORTH  
HOLLYWOOD, FL 33019 US

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: LEONARD DELPERCIO

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DELPERCIO, LEONARD P  
Address: 957 HARBORVIEW NORTH  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: DELPERCIO, MICHAEL R  
Address: 957 HARBORVIEW NORTH  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICOLE STRIGGLES

OM

02/15/2006

Electronic Signature of Signing Officer or Director

Date