

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90028 039 \*\*\*158.75

**60015636**



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0666801	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LEVY, HARRY  
6400 CONGRESS AVENUE  
SUITE 2000  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	CD
NAME	LEVY, R D
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	PD
NAME	LEVY, MARK A
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	SD
NAME	LEVY, H A
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VD
NAME	LEVY, JOEL M
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VD
NAME	LEVY, JO ANN
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

*Joel M. Levy* JOEL M. LEVY 2/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #