

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUN 19 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1154611 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSTCHIN, GUILLERMO
3191 CORAL WAY #1008
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name David Stone, Esq.
Street Address (P.O. Box Number is Not Acceptable) 3191 Coral Way, Suite 1008
City Miami FL Zip Code 33145

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOSTCHIN, GUILLERMO
STREET ADDRESS 3191 CORAL WAY #1008
CITY-ST-ZIP MIAMI, FL 33145 ☒ Delete

TITLE VP
NAME STONE, DAVID E
STREET ADDRESS 3191 CORAL WY, # 1008
CITY-ST-ZIP MIAMI, FL 33143 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME David Stone, Esq.
STREET ADDRESS 3191 Coral Way, Suite 1008
CITY-ST-ZIP Miami, FL 33145

TITLE Treasurer & Secretary ☐ Change ☒ Addition
NAME Henrietta Sostchin
STREET ADDRESS 3191 Coral Way, #1008
CITY-ST-ZIP Miami, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600076718566
06/29/06--01047--020 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
JC 6/20

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HENRIETTA
SOSTCHIN

6/6/06

(305)

984 0402