2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT										
DOCUMENT # P01000105669]				
1. Entity Nam TED H. B		STONE, P.A.			06 J	UL -5 AM	7: 38			
					N. T. T. S.	SECR.	ETARY OF HASSEE, F	STATE		
Principal Place of Business Mailing Address						IMLLA	HASSEE, F	LORINA		
2 SOUTH BISCAYNE BOULEVARD 2 SOUTH BISCAYNE BOULEVA ONE BISCAYNE TOWER #2390 ONE BISCAYNE TOWER #2390					D					
MIAMI, FL 33131 MIAMI, FL 33131							8181 // 4 11 2 311 2311 231	III IIIK PENEL GING PINE ENGE (51/45: h: 145:	
2. Principal F	Place of Rus	iness	3. Mailing Address	- A						
9100 S		deland Blud	9100 So. L	and Blue		ATOT ILBIA BOIT BOIT BOI	B			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		06242006	Chg-P	CR2E034 (11/05)	•		
City & State			City & State		4. FEI Number		LIA	pplied For		
Zin	Miami, FL Zip, Country		1-(cococ), 1 -		01-0550		\$9.75	lot Applicable		
3315		USA	33156	VS	A		f Status Desired	Fee Require	ed	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name										
BARTELSTONE, TED H ESQ.						Ted H. Wartelstone				
TWO SOUTH BISCAYNE BOULEVARD SUITE 2390					Stresp Address (P. 2 Box Number & Not Acceptable & Luci					
MIAMI, FL 33131					Sto 1500					
					City Miav	ч /		FL Zigg	756	
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 Fiorida. I am familiar with, and accept									, and accept	
the obligations of registered agent.										
SIGNATURE Signature, typed or pented perfec of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
9. Election Campaign Financing \$5.00 May Be Amended AR Is \$61.25 Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS (C	HANCES TO SEE	ICERS AND DIRECTOR	OC INI 11	
TITLE	P/D	OTTICETS AND	☐ Delete		ADDITIONATE	- IANGES TO OFF	Change	Addition		
NAME	BARTELSTONE, TED H				9	100 Sa.	Dadela	nd Bludy	4500	
STREET ADDRESS CITY-ST-ZIP	The second secon				ET ADDRESS ST-ZIP	niami	.FL 3	nd Bludy 33156		
TITLE			☐ Delete	TITLE	ĺ	<u> </u>	(☐ Change	Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP				[
TITLE					•	☐ Change	Addition			
NAME			☐ Delete	NAME	l l					
STREET ADDRESS CITY-ST-ZIP				8	T ADDRESS ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME	i i				i	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP				[
TITLE	1		☐ Delete	TITLE				Change	Addition	
NAME				NAME	I .		JIJIJ 7 7 Voc 0101	'390006 27822 **8	1.25	
STREET ADDRESS CITY-ST-ZIP	1				T ADORESS ST-ZIP	07/12	(/06010/	(==UZZ 券券)	1.25	
TITLE			☐ Delete	TITLE		nan	7~	☐ Change	Addition	
NAME				NAME		1/2/	//		1	
STREET ADDRESS CITY-ST-ZIP					T ADORESS ST-ZIP				1	
12. Thereby	certify that the	ne information supplied with	this filing does not qualify	for the exe	mptions contained	in Chapter 119,	Florida Statutes.	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 it 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.										
		سيستعيب	7/./ - 🖛	-	=		//	-/1/	i	
SIGNAT	URE: _	SIGNATURE AND TYPED OR B	PRINTED NAME OF SIGNING OFFICE	e Cui	OR		6/25 Date	Daytime Phone 9		