## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P01000120710 04-24-2006 90372 020 \*\*\*150.00 1. Entity Name STEPHAN S. TEBOUL, P.A. Principal Place of Business Mailing Address 2144 NORTHEAST 63RD COURT FORT LAUDERDALE FL 33308 2144 NORTHEAST 63RD COURT FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 80-0008352 Not Applicable Zip Country Zip 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 TEBOUL, STEPNAN U TEBOUL, STEPHAN S Street Address (P.O. Box Number is Not Acceptable) 262 COMMERCIAL BLVD. FORT LAUDERDALE FL 33308 2144 N.E 63M CT City FT. LAUDELORLE 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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST **PVST** ☐ Change ☐ Addition TITLE TITLE ☐ Delete ADDAU/CHANGE NAME TEBOUL, STEPHAN S NAME TEBOUL, STEPHAN S STREET ADDRESS 262 COMMERCIAL BLVD. STREET ADDRESS 2144 N.E 6310 CT FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP FOLT LAUDER PALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

4.3.06 (954) 709-8735.