

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000026296

1. Entity Name
EPSTEIN GROUP, INC.



Principal Place of Business
83 NE 167TH ST.
NORTH MIAMI BEACH, FL 33162

Mailing Address
83 NE 167TH ST.
NORTH MIAMI BEACH, FL 33162



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1958982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EPSTEIN, STEPHEN
83 NE 167TH ST.
NORTH MIAMI BEACH, FL 33162

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

Significant, 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 DP
NAME EPSTEIN, STEPHEN
STREET ADDRESS 83 NE 167TH ST.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE DV
NAME EPSTEIN, INEZ
STREET ADDRESS 83 NE 167TH ST.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE DST
NAME EPSTEIN, DREW
STREET ADDRESS 83 NE 167TH ST.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000442655
03/04/06-80030-010 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06

Date

Signature: Stephen E