2006 FOR PROFIT CORPORATION

1. Entity Name

ANNUAL REPORT (AR) DOCUMENT # P02000048908

Tra

4/15 **FILED** : 17, 2006 08:00 AN Secretary of State

Apr S

RONALD	J. SCHWEIGHARDT, P.A.			
Principal Plac	e of Business	Mailing Address		-
ZIMMERMAI 2200 W COI	N CORPORATE CENTER MMERCIAL STE 102 DALE FL 33309	ZIMMERMAN CORPOR 2200 W COMMERCIAL FT LAUDERDALE FL S	STE 102	
2. Principal P	flace of Business	3. Mailing Address		I (Marrier III water 1981) and the same water from latter and the same to same the same th
Suite. Apt.	#, etc.	Suite, Apt. #, etc.	40	1st MOORE CR2E034 (10/05)
City & Stat	e	City & State		4. FEI Number 04-3664105 Applied For Not Applicate
Zip	Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
SCHWEIGHARDT, RONALD J ESQ. ZIMMERMAN CORPORATE CENTER 2200 W COMMERCIAL STE 102 FT LAUDERDALE FL 33309		Street Addre	ss (P O Box Number is Not Acceptable)	
T 1 L	LAUDENDALE FL 33303		City	FL Zip Code
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable [NOT	E. Registored Agent algnature re-	quired when reinstaling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWEIGHARDT, RONALD J ESC 2200 W COMMERCIAL BLVD STE FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ A U000000512087 04/29/06-80074-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1)TLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ AddSin
NAME STREET ADDRESS City-ST-Zip	دند داد در بههمهمهم معدد داد و در به مسیحین م	Dolotia	NAME STREET ADDRESS CITY-ST-EIP	Change Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Advi:

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 cath, that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.