2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ARNOAL REPORT (AR)					- N/I OO 300/ OO OO AN/I			
DOCUMENT # R02000071004 1. Entity Name					Mar 09, 2006 08:00 AM Secretary of State			
PROFILE	REALTY, INC.					-		
Principal Plac	ce at Business	Mailing Address						
675 HARBOR DRIVE KEY BISCAYNE FL 33149 675 HARBOR DRIVE KEY BISCAYNE FL 33			149					
2. Principal F	Place of Business	3. Mailing Address	. Mailing Address				.,	
Suite, Apt.		Suite, Apt. #, etc.			tst MOORE	CR2E03	4 (10/05)	
City & State . City & State					4. FEI Number 68-12782	<u>249</u>	} - 1	pplied For at Applicat
Zip 	Country	Zip	Countr	y 	5. Certificate of Status Desire	·——	\$8.75 Add Fee Require	
. <i>-t</i>	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of Ne	w Registered	Agent	
JIVANI, AMIRBANO				(Name				
675 HARBOR DRIVE			-	Street Address (P.O. Bax Number is Not Acceptable)				
KEY	BISCAYNE FL 33149		<u> </u>					
			-	City		FL	Zip Cod	e
8. The above the obligation	named entity submits this statement for nons of registered agent.	or the purpose of changing its i	registered	d office or register	ed agent, or both, in the State of	Florida. I am	familiar with.	and acces
SIGNATURE .	Signature, typed or prince hains of registered agent	end this if equilicating (NOTE	Registered (Agent signatura required	when remsjars(p)	DATE	~~	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o	State		* *	9. Election Car Trust Fund (mpaign Financ Contribution.		00 May 5 kd to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S (N 11
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	D Delete JIVANI, AMIRBANO 675 HARBOR DRIVE KEY BISCAYNE FL 33149		TITLE NAME STREET ADDRESS C)FY-ST-2IP		U00000460721 03/20/06-80022-008 158.75			
FITLE NAME STREET ADDRESS CITY-SI-ZIP		•		ADDRESS 3-ZP			☐ Change	= · □ Addiii
TITLE NAME STREET ADDRESS CITY -S1 -ZIP	NA ^a Str		TITLE NAME STREET CITY-S	ADDRESS 1-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Oelete	TITLE NAME STREET CITY-S	ADDRESS 1-zip			☐ Change	
TITLE NAME STREET ADDRESS CYTY-ST-ZIP		☐ Oelete	Title Name Street City-S	ADDHESS 5-11P	150-	Pear	Change	□ _A ,ēm,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	HTLL NAME STREET CITY-S	ADDRESS	158-75	<u> 7., , , , , , , , , , , , , , , , , , ,</u>	☐ Change	☐ Additio
12. I hereby o	sertify that the information supplied wit	h this filing does not quality to	r the eve	motione container	d in Section 110 Florida Statute	e I further on	etifu that the t	.toematica

12. Thereby certify that the information supplied with his hing does not quality 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 eath; 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: Salvalin'

02-28-06

8-06 781-303-1426

FILED