2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)						FILED			
1. Entity Na	MENT # P0200008711 XXIII, INC.	7			A	pr 11, 2006 Secretary			
<u></u>						1			
Principal Place of Business		Mailing Address		•					
5835 BLUE LAGOON DR. 4TH FLR.		5835 BLUE LAGOON DR. 4TH FLR.		l inum	( Del all <b>ge</b> rie reur beinz benik berik berik k	ARRA FORMANI KUMUNA AKUNIN F			
MIAMIFLS	33126	MIAMI FL 93128							
2. Principal Place of Business		3. Mailing Address			] , , , maile limit fibro mailt fibrot autifict to	INNE CORRECT COMME TOMIC L	BEIGGS # 1993		
Suite, Apt. II., etc.		Suite, Apt. #, etc.		1st	MOORE CR2EO	34 (10/05)			
City & State		City & State		4. FEI Number	51-0431837	<del></del>	pplied For		
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 Ad	lot Applicabil Idinional	
<u></u>	6. Name and Address of Current f	legistered Agent			7. Name and /	Address of New Registere	Fee Require d Agent	<del></del>	
				Name		1		<del></del>	
AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI FL 33131				Street Address	s (P.O. Box Number	is Not Acceptable)			
							<del></del> -		
				City		F	Zip Cod		
8. The above	e named entity submits this statement for	the purpose of changing (t	s register	ed office or regist	tered agent, or both	· -	<del>-</del> (	and accept	
th <del>e</del> obliga	lions of registered agent.			_	_	1			
SIGNATURE	Signature, typed or printed name of registered agent at	id titlo if applicable. (NO	TE Registere	ක් Agent ක්ලාකුගල අතුය.	red when re-nstaling)	DATE			
After	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	1	<del></del>	**************************************	·	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	
to.	OFFICERS AND C	35-2- (c. 101)	11.		ADDITIONS/O	HANGES TO OFFICERS AN	ND DIRECTOR	IS IN 11	
TITLE NAME	D SHOJAEE, MASOUD	Delete	TITLE NAM			. U000000502131	Change	Addition Addition	
STREET ADURCSS	5835 BLUE LAGOON DR., 4TH FLR		STRE	ET ADDRESS -SI-ZIP	:	04/25/06-80097-		.00	
ITTLE	D	Deteta	TITLE	<del></del>	_ <del></del> _	<u>:</u>	☐ Change	Addition	
NAME	LAMAS SHOJAEE, MARIA	•	NAM	i		) (			
STREET ADDRESS CITY-ST-ZIP	5835 BLUE LAGOON DR., 4TH FLR MIAMI FL 33126			et address -st-zip		(			
urc	D	☐ Delpte	TITLE	}		:	☐ Change	☐ Addition	
name Street address	MARTIN, TANIA  5835 BLUE LAGOON DR., 4TH FLR		NAMA STRE	LI ADDRESS		(			
CITY-ST-ZIF	MIAMI FL 33126	·	cny-	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	<del></del>	
title Name		☐ Defete	TITLE NAME	₹		1	☐ Change	Addition 🗔	
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CHY-ST-28P			-	\$7- ZUP		<del></del>			
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NAME		C Delete	NAME	ſ		1	CT cuanda	☐ Muliion	
STREE I ADDRESS CITY-ST-ZIP		/		:TADORESS   ST-ZIP		:			
	certify that the information supplied with	this filing does not qualify			ed in Section 119.	Flotida Statutes 1 further ce	artify that the i	nformation	
indicated of the cor if change	certify that the information supplied with on this report or supplemental report is to coration or the receiver or trusteer import, of, or on an attachment with an entiress,	rue and accurate and that r wered to execute this report with all other like empower	ny signali n as requ red.	ure shall have the fred by Chapter 6	e same legal effect a i07, Florida Statutes	as if made under oath, that it is, and that my name appear	am an ollicer s in Block 10 (	or director or Block 11	
SIGNAT	URE:					,			
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECT	DR		Cate	Daylime Phone #		