2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101576

1. Entity Name
HELENE ALBERTS P.A.

Principal Place of Business	Mailing Address
2307 ST.ANDREWS RD HOLLYWOOD, FL 33021	2307 ST. ANDREWS RD HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

04072006   No Chg-P   CR2E034 (11/05)

4. FEI Number
71-0905270

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERTS, HELENE
2307 ST. ANDREWS RD
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

6. 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: *Helene Alberts*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 4/6/06

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

U00000504151
04/26/06·80060-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALBERTS, HELENE
STREET ADDRESS	2307 ST. ANDREWS RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Helene Alberts*   4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #