FILED Apr 27, 2006 08:00 AN Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

	MINIOME !	(LFOR)			÷ :
1. Entity Nan	MENT # P0200010170	04			
Principal Plac	ce of Business I	Mailing Address		1	
2645 NW 1ST AVE BOCA RATON, FL 33431-6603 BOCA RATON, FL 33431-6603			3		s Safra (1884) and an anti-captur (1884) and the little land of an include of land
DO NOT WRITE IN THIS SPACE				04222096 No Chg.P CR2E034 (11/05) 4. FEI Number Applied For Noi Applicable 16-1630671 \$8.75 Additional Foe Required Foe Required See Required Proceedings Proceedings Proceedings Proceedings Proceedings Proceedings Proceedings Proceedings Proceedings Proceded P	
	5. Name and Address of Current Reg	stered Adent	1	•	
LEBLANC, NICOLE 2645 NW 1ST AVE BOCA RATON, FL 33431-6603			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 Signature, typed or printed name of registered agent and side # applicable. (NOTE Registered Agent signature registed when reinstiting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees	
16.	OFFICERS AND DIRE	ECTORS			·
TITLE	PD		1		
NAME	LEBLANC, NICOLE		ł		
STREET ADDRESS	2545 NW 1ST AVE		I		
CHY-ST-ZP	BOCA RATON, FL 334316603		1		U00000539369
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	certify that the information supplied with this	filing does not quality for the ex-	emptions contained	in Chapter 119	Florida Statules. I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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 507, Florida Statutes, and that my name appears in Block 10 or Block 10 o					