


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000116005 1. Entity Name FULL BUSINESS CORPORATION		
Principal Place of Business 20340 NE 15 CT STE V04 NORTH MIAMI BEACH, FL 33179	Mailing Address 16300 NE 19 AVE. STE C NORTH MIAMI BEACH, FL 33162	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JAVIER, AMELIA 1691 NE 123RD STREET NORTH MIAMI BEACH, FL 33162		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROITMAN, LEONARDO 2680 N.W. 97 AVENUE MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROITMAN, RICARDO 1980 NE 148 STREET MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03112006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0751010

Applied For
Not Applicable

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

000000483778
04/12/06-80012-014 150.00

**DO NOT WRITE
IN THIS SPACE**