

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90326 002 \*\*\*150.00

**DOCUMENT # P02000128502**

1. Entity Name  
610 NORTH DIXIE, INC.



Principal Place of Business  
610 NORTH DIXIE HWY.  
LANTANA, FL 33462

Mailing Address  
610 NORTH DIXIE HWY.  
LANTANA, FL 33462

50010328



2. Principal Place of Business **#300** 3. Mailing Address  
**1801 S. FEDERAL Highway** **1801 S. FEDERAL Highway**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**DELRAY BEACH FL** **SUITE 300**  
City & State City & State  
**33483** **DELRAY BEACH FL**  
Zip Country Zip Country  
**USA** **33483** **USA**

03092006 Chg-P CR2E034 (11/05)

4. FEI Number  
45-0492516  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
PARK, MICHAEL G ESQ.  
610 NORTH DIXIE HWY.  
LANTANA, FL 33462  
**1801 S. FEDERAL HWY**  
**STE 300**  
**DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST GOLDSTEIN, JON <del>610 N. DIXIE HWY.</del> <del>LANTANA, FL 33462</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARK, MICHAEL <del>610 NORTH DIXIE HIGHWAY</del> <del>LANTANA, FL 33462</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 S. FEDERAL HWY., STE 300</b> <b>DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1801 S. FEDERAL HWY., STE 300</b> <b>DELRAY BEACH, FL 33483</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael G. Park, VP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

561-582-4434

Date

Daytime Phone #