

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012660 1. Entity Name



FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90352 010 ***150.00

400

LAW OFFICES OF JOSEF		
Principal Place of Business ONE EAST BROWARD BLVD #604 FORT LAUDERDALE, FL 33301	Mailing Address ONE EAST BROWARD BLVD US FORT LAUDERDALE, FL 33	

ONE EAST BROWARD BLVD #604 FORT LAUDERDALE, FL 33301 US				ONE EAST BROWARD BLVD #604 FORT LAUDERDALE, FL 33301 US) 4/1 20/16 9/1/1 20 /1/ 20 /1/ 20	II) 83181 IISIB KAI	B ARMA BIRM GUR			
Principal Place of Business 3.			3. M	3. Mailing Address .									
Suite, Apt. #, etc.			_ St	_ Suite, Apt. #, etc.				04202906 Chg-P CR2E034 (11/05)					
City & State			Ci	City & State				nber 393956	·····	 	olied For Applicable		
Zip	Ţ	Country	Zi	Zip Cour			5. Certifica	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name a	and Address of Curren	t Registe	red Agent			7. Name a	nd Address of New F	Registered A	gent			
						Name							
BOSCO, JOSEPH A ONE EAST BROWARD BLVD #604 FORT LAUDERDALE, FL 33301				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 o	r printed name of registered age	nt and title if	applicable. (NOT	E: Registeri	ed Agent signature r	equired when reinstating)	DATE				
FILI After Ma	e NOW!!! sy 1, 2006	FEE 13 \$150.00 Fee will be \$550	.00	9. Election Campa Trust Fund Conf			\$5.00 May Be Added to Fees						
10.		OFFICERS AN	D DIREC	TORS	11.		ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11		
TITLE 'NAME	P BOSCO, J	OSEPH A ESQ		☐ Delete	TITI NAI	l l				☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	Company of the Compan			- 1	REET ADDRESS Y-ST-ZIP								
TITLE				☐ Delete	TIT					Change	Addition		
NAME					NAI	ME REET ADDRESS							
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP							
TITLE				☐ Delete	ŢIŢ	LE				Change	Addition		
NAME					NA	· ·							
STREET ADDRESS					_	Y-ST-ZIP							
CITY-ST-ZIP					HT				· -	☐ Change	Addition		
NAME				☐ Delete	NA.	I .				onenge			
STREET ADDRESS						REET ADDRESS							
CITY-ST-ZIP					сп	TY-ST-ZIP					····		
TITLE				☐ Delete		LE				Change	Addition		
NAME					1	ME							
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS TY-ST-ZIP							
			<u> </u>	☐ Delete	_	ILE				Change	Addition		
TITLE				☐ Delete		ME				_ •			
STREET ADDRESS					1	reet address							
CITY-ST-ZIP						TY-ST-ZIP							
12. I hereby	certify that the	e information supplied w	rith this fil	ing does not qualify t	or the e	xemptions con	tained in Chapter	119, Florida Statutes.	. I further cer	tify that the i	nformation		

Indeedy certify that the information supplied with this limity soes not quality for the exemptions contained in chapter 119, Frontia statutes. From a statutes in order 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 trusted 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: