

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000023838

1. Entity Name
WHITEBOOK FAMILY CORPORATION



Principal Place of Business
**2000 ISLAND BOULEVARD
PENTHOUSE 2
AVENTURA, FL 33160 US**

Mailing Address
**2000 ISLAND BOULEVARD
PENTHOUSE 2
AVENTURA, FL 33160 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1179087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITEBOOK, DANIEL S
2000 ISLAND BOULEVARD
PENTHOUSE
AVENTURA, FL 33160**

**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 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	D
NAME	WHITEBOOK, DANIEL S
STREET ADDRESS	2000 ISLAND BOULEVARD PENTHOUSE 2
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D
NAME	LERMAN, JODI
STREET ADDRESS	2000 ISLAND BOULEVARD PENTHOUSE 2
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80010-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 305 932-4644