

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 025 ***150.00

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1. Entity Name
TOTAL BANCSHARES CORP.



Principal Place of Business
**2720 CORAL WAY
MIAMI, FL 33145**

Mailing Address
**2720 CORAL WAY
MIAMI, FL 33145**

400110~



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1657567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLOSBERG, DAVID I ESQ.
2720 CORAL WAY
MIAMI, FL 33145

Sch Losberg

**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	ARSHT, ADRIENNE
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	FELDMAN, MYER
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DP
NAME	HEFFERNAN, WILLIAM J
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	DEV
NAME	MANRARA, ALBERTO G
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	S
NAME	SCHLOSBERG, DAVID I
STREET ADDRESS	2720 CORAL WAY
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

David I. Schlosberg

Jan. 6, 2006 (305) 476-6269

Date

Daytime Phone #