

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-05-2006 90148 023 ***158.75

DOCUMENT # P03000036541

1. Entity Name
BURTON S. MINKOFF, INC.



Principal Place of Business
**1919 NORTH LAKESIDE DRIVE
LAKE WORTH, FL 33460**

Mailing Address
**1919 NORTH LAKESIDE DRIVE
LAKE WORTH, FL 33460**

DO NOT WRITE IN THIS SPACE



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1567975

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZISKA, MAURA ESQ.
222 LAKEVIEW AVENUE, SUITE 950
WEST PALM BEACH, FL 33401**

**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 renewing)

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
**MGRM
MINKOFF, BURTON S
1919 NORTH LAKESIDE DRIVE
LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06

Date

Daytime Phone #

561-572-8978