

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90057 020 \*\*\*150.00

<b>DOCUMENT # P03000056167</b> 1. Entity Name 38 OFF CORP.	
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Principal Place of Business 9990 S.W. 77TH AVENUE SUITE 330 MIAMI, FL 33156-2699	Mailing Address 9990 S.W. 77TH AVENUE SUITE 330 MIAMI, FL 33156-2699
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**DO NOT WRITE IN THIS SPACE**

**60008857**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2361813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MARGOLIS, JOHN A ESQ. 9990 S.W. 77TH AVENUE SUITE 330 MIAMI, FL 33156-2699
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHREIBER, ROBERT A 890 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOHLY, FREDERICK R 890 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOHLY, GENE 12227 S.W. 131 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: <u>Robert A. Schreiber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-25-06</u> <small>Date</small>	Daytime Phone # <u>305 661-6688</u> <small>Daytime Phone #</small>