

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

**DOCUMENT # P03000056167**

1. Entity Name  
38 OFF CORP.



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

**60008857**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2361813</b>	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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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: *Robert Schreiber* 1-25-06 305 661-6688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #