2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000056518

1. Entity Name
ESTATE & TRUST SERVICES, INC.

Principal Place of Business	Mailing Address
5432 NE 25 AVENUE FORT LAUDERDALE, FL 33308	2453 NE 51 STREET D-101 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2362549
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPPNER, PATRICIA R
5432 NE 25 AVENUE
FORT LAUDERDALE, FL 33308

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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	D
NAME	LIPPNER, PATRICIA R
STREET ADDRESS	5432 NE 25 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	OVERBECK, GOLDA
STREET ADDRESS	2453 NE 51 STREET D101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	MINACAPELLI, MARIA
STREET ADDRESS	2600 NE 21 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
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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02/09/06-80036-005 150.00

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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 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: Golda Overbeck GOLDA OVERBECK 1.27.6 954. 938.8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #