
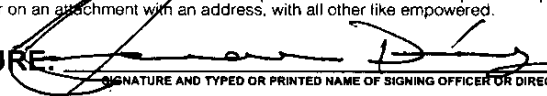


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90385 013 ***158.75

DOCUMENT # P03000082944					
1. Entity Name 1200B SOUTH DIXIE, INC.					
Principal Place of Business 1200 B SOUTH DIXIE DRIVE LAKE WORTH, FL 33460		Mailing Address 5620 LEITNER DRIVE CORAL SPRINGS, FL 33067			
2. Principal Place of Business 1206 S DIXIE HWY		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE WORTH, FL		City & State		4. FEI Number 20-0199832	
Zip 33460		Country PALM BEACH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUZIM, RONALD A 1200B S. DIXIE HIGHWAY LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name JUAN DIAZ Street Address (P.O. Box Number is Not Acceptable) 5620 LEITNER DRIVE City CORAL SPRINGS FL Zip Code 33067		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, JUIAN 5620 LEITNER DRIVE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIAZ, JUAN 5620 LEITNER DRIVE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 			Date 4/12/06		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					