## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P03000101653 05-02-2006 90205 017 \*\*\*150.00 ST. LUCIE I CORPORATION Principal Place of Business Mailing Address 1401 UNIVERSITY DR., SUITE 200 1401 UNIVERSITY DR., SUITE 200 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address 1600 Sawgrass Corp Pkwy 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 04032006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Sunrise, Sunrise, FL 20-0241207 Not Applicable Zip 33323 Country USA Country \$8.75 Additional 33323 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, MARK F ESQ. Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corporate Parkway, 200 E. BROWARD BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301 City Sunrise Zip Code 33323 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Addition SP EZRATTI, ITZHA K NAME NAME EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 STREET ADDRESS 1401 UNIVERSITY DR #200 STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP VAS TITLE Change ☐ Delete TITLE ☐ Addition VAS FANT, ALAN J NAME NAME FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 STREET ADDRESS 1401 UNIVERSITY DR #200 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-7IP TITLE Delete Title Change ☐ Addition NAME COSTELLO, RICHARD A NAME COSTELLO, RICHARD A. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 STREET ADDRESS 1401 UNIVERSITY DR #200 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP Delete TITLE TITLE A Change Addition NAME NORWALK, RICHARD A NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 STREET ADDRESS 1401 UNIVERSITY DR #200 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE ☐ Delete VTTITLE Addition MENENDEZ, MARIA N NAME NAME MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323 STREET ADDRESS 1401 UNIVERSITY DR #200 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE **X** Change ☐ Delete ☐ Addition CORBAN, PAUL NAME CORBAN, PAIA 1600 SAWGRASS C SUNRISE, FL 33323 NAME CORP PKWY, SUITE 300 STREET ADDRESS 1401 UNIVERSITY DR #200 STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33071 CITY-ST-ZIP 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 experimental 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 it changed, or on an attachment with an address, with all other like empowered.

THINGARIA MENENDEZ, VICE PRESIDENT

FILED

954-753-1730

Daytime Phone &