2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an atta

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Daytimo Phone #

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P03000146547 t. Entity Name ROBERT A. ADER, P.A. Principal Place of Business Mailing Address 100 S.E. 2ND STREET SUITE 3550 100 S.E. 2ND STREET **SUITE 3550** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0981353 Not Applicable Zip Country Ζιρ Country **\$8****75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADER, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET **SUITE 3550** MIAMI FL 33131 City Zip Code 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 Dignature, type-dior printed name of registered agent and title it applicable (NOTE: Registered Agent signature regulated when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILL ☐ Delete MILE ☐ Change NAME ADER, ROBERT A NAME U00000543309 05/10/06-80133-008 150.00 STREET ADDRESS 100 S.E. 2ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP IIILE Delete TiTLE ☐ Change Addition MAME HAME STREET ADDRESS STREET ADDRESS CHY-\$1-209 CHY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-76 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP THE ☐ Delete HILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rmation supplied with his filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information oplemental report is true and occurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director server or trustee empowered to exempte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information supplied with the indicated on this report or si of the corporation or the re-