

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90420 037 ***150.00

DOCUMENT # P04000002823	
1. Entity Name CHRIS MANCINI PA	

Principal Place of Business 211 SW 2ND STREET C FORT LAUDERDALE, FL 33301	Mailing Address 211 SW 2ND STREET C FORT LAUDERDALE, FL 33301
---	---

50013207



2. Principal Place of Business 1100 LEE WAGENER BLVD Suite, Apt. #, etc. 312	3. Mailing Address 1100 LEE WAGENER BLVD. Suite, Apt. #, etc. 312
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33315	Country U.S.A.

04132006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0537511	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent MANCINI, CHRIS 211 SW 2ND STREET C FORT LAUDERDALE, FL 33301	
--	--

7. Name and Address of New Registered Agent	
Name MANCINI, CHRIS	
Street Address (P.O. Box Number is Not Acceptable) 1100 LEE WAGENER BLVD.	
SUITE 312	
City FT. LAUDERDALE	FL Zip Code 33315

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 **4/13/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

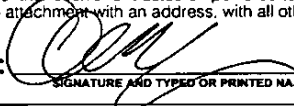
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	☐ Delete P MANCINI, CHRIS 211 SW 2ND STREET 1100 LEE WAGENER BLVD SUITE 312 FORT LAUDERDALE, FL 33301 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 **4/13/06** (305) 219-6919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #