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Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90420 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000002823

1. Entity Name
CHRIS MANCINI PA

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

50013207

04132006 Chg-P CR2E034 (11/05)

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

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 [signature] 4/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANCINI, CHRIS ~~211 SW 2ND STREET~~ 1100 LEE WAGENER BLVD SUITE 312 FORT LAUDERDALE, FL ~~33301~~ 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] 4/13/06 (305) 219-6919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #