

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 009 ***150.00

DOCUMENT # P04000021547

1. Entity Name
TREASURE FINDERS, INC.



Principal Place of Business
~~167 SOUTH STATE RD. #7~~
~~MARGATE, FL 33321~~

Mailing Address
167 SOUTH STATE RD. #7
MARGATE, FL 33321

50007728



03182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

5447 N. STATE RD 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

Zip
33319

Country
BROWARD

Zip
33068

Country

4. FEI Number

20-0677619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANDIN, GARY I
3111 UNIVERSITY DR., STE. 404
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NAYMAN, OLEG
167 SOUTH STATE RD. #7
MARGATE, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRINBERG, GREGORY
167 SOUTH STATE RD. #7
MARGATE, FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
33068

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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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) 3-28-06 9549789700

Date

Daytime Phone #