2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P04000033109 1. Entity Name 04-13-2006 90289 019 \*\*\*150.00 SCORPIO RESEARCH, INC. Principal Place of Business Mailing Address 19955 PORTO VITA WAY #2701 AVENTURA FL 33180 19955 PORTO VITA WAY #2701 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address 3001 Biscayne Blud ત્રે∩ા Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Stel 4. FEI Number Applied For City & State . City & State 75-3147235 -Mium Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KNICKEK Ilana DRUCKER, ILANA D Street Address (P.O. Box Number is Not Acceptable) 19955 PORTO VITA WAY #2701 **AVENTURA FL 33180** City 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. (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. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete Drucker Ilana D 2001 Biscayne Blud. Ste. 3207 Miumi FC 33137 NAME DRUCKER, ILANA D NAME STREET ADDRESS 19955 PORTO VITA WAY #2701 STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06

**FILED**