2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2006 8:00 am Secretary of State DOCUMENT # P04000038673 1. Entity Name 02-10-2006 90012 045 ***163.75 NADEL BUILDING CORPORATION Principal Place of Business Mailing Address 9031 LAKE PARK CIR N DAVIE FL 33328 9031 LAKE PARK CIR N **DAVIE FL 33328** 2. Principal Place of Business 3. Mailing Address 10741 CLOMA 107 H ELEAR Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 204 Applied For 01-0800189 TATION Not Applicable Country / \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent - MADEL, TED 9031 LAKE PARK CIRCLE N O. Box Number is Not Acceptable) DAVIE FL 33328 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 1-31-06 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition ヘイカビ NAME NADEL, TED NAME 9031 LAKE PARK CIR N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP VS Delete TITLE ☐ Addition TITLE NAME WISAN, JUDY NAME #20£ STREET ADDRESS 9031 LAKE PARK CIR N STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP TITLE Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. Thereby certify that the information supplied with this filing does not quality 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.

FILED