

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000049294

Entity Name: FRED SZAFRAN, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 916376
LONGWOOD, FL 32791

New Principal Place of Business:

Current Mailing Address:

PO BOX 916376
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 20-0887048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SZAFRAN, FRED
2419 ORCHARD DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

SZAFRAN, MARGERY
2419 ORCHARD DR
APOPKA, FL 32712 US

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.

SIGNATURE: MARGERY SZAFRAN

04/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SZAFRAN, FRED
Address: PO BOX 916376
City-St-Zip: LONGWOOD, FL 32791

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change () Addition
Name: SZAFRAN, FRED
Address: PO BOX 916376
City-St-Zip: LONGWOOD, FL 32791

Title: P/D () Change (X) Addition
Name: SZAFRAN, MARGERY
Address: PO BOX 916376
City-St-Zip: LONGWOOD, FL 32791

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGERY SZAFRAN

P/D

04/13/2006

Electronic Signature of Signing Officer or Director

Date