


2006.FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000073752 1. Entity Name GYROTONIC EDUCATIONAL HEADQUARTERS OF MIAMI BEACH, INC.	
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Principal Place of Business 1370 WASHINGTON AVENUE SUITE NO 307 MIAMI BEACH, FL 33139	Mailing Address 1370 WASHINGTON AVENUE SUITE NO 307 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1721264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZACK, ELLIOTT N 1031 NORTH MIAMI BEACH BLVD NORTH MIAMI BEACH, FL 33162	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000573098
08/02/06-80002-009 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVATH, JULIU 2457 COLLINS AVENUE #304 MIAMI BEACH, FL 33140
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**DO NOT WRITE
IN THIS SPACE**

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: X *Tolun Horvath* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

X 7-26-2006 X +1-917-412-5125
Date Daytime Phone #