2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State

ANNUAL REPURT				_	Secretary of State			
1. Entity Name	MENT # P0400008469	52				ar y o		
Principal Place 380 SANDSPL MAITLAND, FL	ir rd	Mailing Address 380 SANDSPUR RD MAITLAND, FL 32751			: 11 55 11 55 15 55 15 55 15 55	. 	NA ANTON ANTON (NAVARA) (1 (88)	
D	O NOT WRITE I	CE	93132006 4. FEI Numb 20-119		CR2E0	Applied For Not Applied For Not Applied For Required		
	6. Name and Address of Current Reg	Istered Agent	-					
PUSHKARI 380 SANDS MAITLAND	SPUR	DO NOT WRITE IN THIS SPACE						
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. It am familiar with, and access the obligations of registered agent. SIGNATURE								
Signature, typed or printed name of registered agent and little if applicable in NOTE Registere FILE NOWILL FEE 15 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be ded to Fees	May Be			
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P PUSHKAREWICZ, NIK 380 SANDSPUR RD MAITLAND, FL 32751	SECTORS			Ua a aaa 05/15/06-4	554940 30014-0	001 158.75	
NITLE NAME STREET ADDRESS CITY-ST-IIP THE MAME STREET ADDRESS CITY-ST-IIP	.,				NOT W THIS SI			

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 cath; 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:

ISTLE
NAME
STREET ADORESS
CITY-ST-ZIP
HILE
NAME
STREET ADORESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 (407) 448-6727