

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90204 036 \*\*\*158.75

<b>DOCUMENT # P04000089732</b>					
<b>1. Entity Name</b> INDIAN RIVER II CORPORATION					
<b>Principal Place of Business</b> 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071			<b>Mailing Address</b> 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		<b>3. Mailing Address</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL		03312006    Chg-P    CR2E034 (11/05)	
Zip 33323		Country USA		<b>4. FEI Number</b> 20-1245686	
City & State Sunrise, FL		City & State Sunrise, FL		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRANT, MARK F ESQ. 100 EAST BROWARD BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZRATTI, ITZHAK 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COSTELLO, RICHARD A 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENENDEZ, N. MARIA 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>			N. MARIA MENENDEZ, VICE PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date    Daytime Phone #		

954-753-1730

4-28-06