

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 044 ***150.00

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1. Entity Name
FORECLOSURE REFUND CORPORATION



Principal Place of Business
1126 SOUTH FEDERAL HIGHWAY #431
FORT LAUDERDALE, FL 33316

Mailing Address
1126 SOUTH FEDERAL HIGHWAY #431
FORT LAUDERDALE, FL 33316

60064601



2. Principal Place of Business
1126 South Federal Highway
Suite, Apt. #, etc.
(#192)

3. Mailing Address
1126 South Federal Highway
Suite, Apt. #, etc.
(#192)

City & State
Fort Lauderdale, FL

Zip 33316 Country USA

04012006 Chg-P CR2E034 (11/05)

4. FEI Number
03-0545509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN, LEIGH C ESQ
1501 NW 49 STR, #202
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIKIN, BARRY 1126 SOUTH FEDERAL HIGHWAY #431 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARRY HIKIN, President 1126 South Federal Highway (#192) Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARRY HIKIN (President) 4-1-06 (954) 263-1011