2006 FOR PROFIT CORPORATION

FILED May 01, 2006 08:00 AM

ANNUAL REPORT					Secretary of State		
DOCU	MENT # P0400010727		-	Secret	ary or State		
1. Entitly Near MELBOL	JRNE 26 CORP.	-					
4434 NORTH BAY RD.		Aawing Address 4434 NORTH BAY RD. MIAMI BEACH, FL 33140				SIDIY BOXX (DOYS)(BY)(BY)(BY)	
}	O NOT WOITE I	CE	04032006	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPA			CL	4. FEI Number 20-167		Applied For Not Applicable	
}					of Status Desired	\$8.75 Additional Fee Required	
	8. Name and Address of Current Regi-	stered Agent	Ţ <u></u>		····	- 	
4434 NOF	TTZ, ABBEY RTH BAY RD. FACH, FL 33140	DO NOT WRITE IN THIS SPACE					
	e named entity submits this statement for the titons of registered agent. Signature, typed or printed name of registered agent and time.		ed office or regis		h, in the State of Florid	da. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Section Campaign Financing Trust Fund Contribution.		5.00 May Be Ided to Fees			
to.	OFFICERS AND DIRE	CTORS					
THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME	BERKOWITZ, ABBEY 4434 NORTH BAY RD. MIAMI BEACH, FL 33140				U00000 05/16/06-1	555545 80037-016 150.00	
STREET ADDRESS CITY-ST-20P							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-DP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							

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 attachgrent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME declaring generoes.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-IP

SOMMUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 305-571-3441
Date Dayline (flore 4