## 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

## **DOCUMENT # P04000108355**

1. Entity Name
DOUBLE EAGLE RARE COINS, INC.



FILED Jul 10, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4000 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 4000 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021





07052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1378664 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BOOKSTON, MARTIN JR. 4000 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE.

Signature, typed or printed name of registered egent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006  Election Campaign Financing Trust Fund Contribution. \$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.

Due by September 8, 2006			Corporation de not receive de provinciaes.
10.	OFFICERS AND DIRECTORS	<b>非国用</b> 语:图4.1909年第10	性国际公司治验》 阿拉尔萨奥雷拉亚斯里德基斯
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOOKSTON, MARTIN JR. 8310 PASEDENA BLVD. PEMBROKE PINES, FL 33024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOOKSTON, MARTIN III 2688 NW 123RD TERR. CORAL SPRINGS, FL 33065		07 17 06 -80 06 - 10 13 13 07 00 2 3 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HACKEL, HENRY 80 BROAD ST. 26TH FLOOR NEW YORK, NY 10004	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	actify that the information we called with this filling class pat quality for		

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:

Martin Buckson
Martin Buckson
MATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTO

128/06 454-

Daytime Phone #