## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 19, 2006 8:00 am Secretary of State **DOCUMENT # P04000121500** 04-19-2006 90103 034 \*\*\*158.75 UPPÉR LEVEL DEVELOPMENT, INC. Mailing Address Principal Place of Business 445 NE OLÎVE WAY 714-SE 3RD CT BOCA RATON, EL 33432 DANIA BEACH, FL 33004 Suite, Apt. #, etc. 04162006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 86-1115541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent gathia Jose JOSEPH, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 445 NE OLIVE WAY BOCA RATON, FL 33432 90 or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity submits this state the obligations of registered agent. EASTAIR JOSEPH SIGNATURE. and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ■ Addition ☐ Delete TITLE TITLE ERIC JOSEPH 9# ST. JOSEPH, ERIC NAME NAME 445 NE OLIVE WAY STREET ADDRESS STREET ADDRESS Dee-field Bara, for 3344 BOCA BATON EL 33432 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE CYNTHIA JOSEPH JOSEPH, CYNTHIA NAME NAME Deerfield Bend, Fr 445 NE OLIVEAVAY STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OF SIGNING OFFICER OR D

SIGNATURE AND TYPED OR PRINTED NAM

FILED

954 232 2666

Daytime Phone #