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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000122415

1. Entity Name
AQUILA WEISS, INC.



Principal Place of Business
3111 N UNIVERSITY DR
1000
POMPANO BEACH, FL 33065

Mailing Address
3111 N UNIVERSITY DR
1000
POMPANO BEACH, FL 33065

FILED
06 FEB 14 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01192006 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-1739369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
100 SE 2ND STREET 17TH FLOOR
MIAMI, FL 33131

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEBER, THOMAS P
STREET ADDRESS	3111 N UNIVERSITY DR, #1000
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	V
NAME	JORDAN, PAUL
STREET ADDRESS	3111 N UNIVERSITY DR, #1000
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	S
NAME	MARKS, RODNEY
STREET ADDRESS	3111 N UNIVERSITY DR, #1000
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2/17

200066257742
02/21/06--01019--008 **450.00

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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: THOMAS WEBER 2/1/06 954340-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #