2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State

DOCUMENT # P04000139559 1. Entity Name PAGLINO & DEGENHARDT, P.A.							01-10-2006	90022 044 *	**150	0.00	
Principal Place 2131 HOLLY 306 HOLLYWOOD	WOOD BOULEVARD	Mailing Address 2131 HOLLYWOOD B OULEVARD 306 HOLLYWOOD, FL 33020									
2131		3. Mailing Address Same									
Suite, Apt.	7	Suite, Apt. #, etc.				01062006	Chg-P	CR2E034 (1			
City & State		City & State				4. FEI Numb 20-171				plied For t Applicable	
zip 33	BO 20 Country	Zip	itry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required							
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
PAGLINO, JOSEPH S				Name Joseph S, Paglino Street Address (P.O. Box Number is Not Acceptable)							
2131 HOLLYWOOD BOULEVARD 306											
HOLLYWOOD, FL 33020				2131 Hollywood Blvd, Suite 307							
8. The above named entity submits this statement for the purpose of changing its register				<u> </u>	Hollywood						
the obligations of registered agent											
SIGNATURE Signature, typed or printed rule of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstanting) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND DIRE	CTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP					Sui	ite 30	7	X (Change	☐ Addition	
TITLE	VP Delete IIII		1				Z V	Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	Sú	ite 30	フ				
TITLE NAME	T Delete IIII							×	Change	Addition	
				EET ADDRESS '-ST-ZIP	SU	ite 30	7				
TITLE NAME	S DEGENHARDT, EDWARD P	☐ Delete	TITL NAM			.1. 2.	~ ¬	×	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP	Si	site 30	<i>5</i> /				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA ST								Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation or the receiver or trustee emporation and address.	true and accurate and that a wered to execute this report	my signa t as requi	emptions co ature shall ha ired by Chap	ontained ave the s pter 607	f in Chapter 11: same legal effe 7, Florida Statuti	9, Florida Statutes. ct as if made unde es; and that my nar	I further certify the roath; that I am ar me appears in Bloome	at the in officer ck 10 or	of director Block 11 if	