

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90158 006 \*\*\*150.00

**DOCUMENT # P04000141829**

1. Entity Name

AWARDS PRO, INC.



Principal Place of Business

7413 NW 57TH STREET  
FT. LAUDERDALE FL 33319

Mailing Address

7413 NW 57TH STREET  
FT. LAUDERDALE FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1742934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

A. BERNARD FINANCIAL SERVICES INC  
9032 SW 152ND STREET  
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name LIBERTY TAX SERVICE

Street Address (P.O. Box Number is Not Acceptable)

7760A NW 44th ST

SUNRISE FL

City

**FL**

Zip Code

33351

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

*Dennis J. Uchela*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LYEW, DAVE	
STREET ADDRESS	3028 SUNSET LANE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYEW, MOYA	
STREET ADDRESS	3028 SUNSET LANE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYEW, DERRICK	
STREET ADDRESS	25045 SW 123 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*ML*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4-26-06

954-720-0989