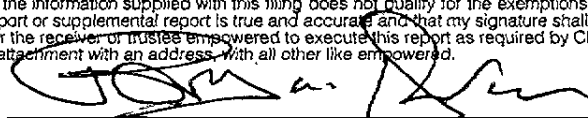


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000166941		
1. Entity Name THE NEW YORK BARTENDING SCHOOL OF SOUTH FLORIDA INC.		
Principal Place of Business 1149 NORTH FEDERAL HWY FT LAUDERDALE, FL 33304 US	Mailing Address 1149 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33304 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EVANS, BRYAN 1149 N FEDERAL HWY FT LAUDERDALE, FL 33304		
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  Jan 10th, 2006 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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BRYAN 1149 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  01/10/05 954-568-2676 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1216097

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

000000396717
01/19/06-80010-023 150.00

**DO NOT WRITE
IN THIS SPACE**