

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90277 010 \*\*\*150.00

00041201



01132006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2174911** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WINNICZEK, MAREK  
12301-53 58TH STREET N.  
TEMPLE TERRACE, FL 33617

*Marek Winniczek H.W.*

7. Name and Address of New Registered Agent

Name **MAREK WINNICZEK**

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

**2104 VALRICO HEIGHTS BLVD**

City **VALRICO** FL Zip Code **33594**

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 *Marek Winniczek* REG. AGENT **4-10-06**  
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 **P** ☐ Delete  
NAME **WINNICZEK, MAREK**  
STREET ADDRESS **12301-53 58TH STREET N.**  
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **VP** ☐ Delete  
NAME **WINNICZEK, DANUTA**  
STREET ADDRESS **12301-53 58TH STREET N.**  
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2104 VALRICO HEIGHTS BLVD**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2104 VALRICO HEIGHTS BLVD**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: *Marek Winniczek* **MAREK WINNICZEK PRES.** **4-10-06** **8136902880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #