

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2006 90179 042 ***158.75

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03302006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2257664** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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 | Delete |
|-------|----------------|---------------------------------|------------------------|--------------------------|
| DIR | KELFER, GERALD | 201 ALHAMBRA CIRCLE, 12TH FLOOR | CORAL GABLES, FL 33134 | <input type="checkbox"/> |
| DIR | LEVY, MICHAEL | 201 ALHAMBRA CIRCLE, 12TH FLOOR | CORAL GABLES, FL 33134 | <input type="checkbox"/> |
| DIR | FELS, JONATHAN | 201 ALHAMBRA CIRCLE, 12TH FLOOR | CORAL GABLES, FL 33134 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------------------------------|---------------------|------------------------|-------------------------------------|-------------------------------------|
| | P, D | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | D, V | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | D, V | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | V, T MCNARY, CHARLES L. | 201 ALHAMBRA CIRCLE | CORAL GABLES, FL 33134 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | V, S KERRIGAN, JUANITA I. | 201 ALHAMBRA CIRCLE | CORAL GABLES, FL 33134 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Juanita I. Kerrigan, VP/Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I. KERRIGAN

4/24/06 (305) 442-7000

Date

Daytime Phone #