2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013650

FILED Jan 18, 2006 8:00 am Secretary of State

01-18-2006 90044 001 ***150.00 01-18-2006 90044 002 *****8 75

3GZ PRC	DDUCTIONS, INC.			01-1	8-2006 90044 (JUZ ******8.75		
Principal Place 1611 NE 10 MIAMI, FL 3		Mailing Address 1611 NE 105TH ST MIAMI, FL 33138 US			6000	142		
<u>2275</u>	MN) OFTS lace of Business DRSCAYNE BU	METOWN LOF 3. Mailing Address D. 2275 Po	TS SCANCE					
Suite, Apt.	701	Suite, Apt. #, etc.	01	01122006	Chg-P .	CR2E034 (11/05)		
City & Stat		City & State	9	4. FEI Numbe	147-00	1 (- 1) (\(\frac{1}{2} \)	oplied For ot Applicab	
331	37 Country USA	33137 U	ountry SA	5. Certificate	of Status Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
SEIDEN, FRANCEASCA 1611 NE 105TH ST			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33138					**************************************			
	*. *		City			FL Zip Cod	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	tered office or reg	gistered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accer	
SIGNATURE.	Signedure, typed or printed name of registered agent a	Model of application. (NOTE: Regis	tered Agent signature re	equired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees				
10. TITLE	OFFICERS AND I		1.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	SEIDEN, FRANCEASCA 1611 NE 105TH ST MIAMI, FL 33138	M S	IAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additic	
TITLE SAME	VP SEIDEN, FRANCEASCA		TITLE IAME	IP.	0000	Change	Additio	
STREET ADDRESS CITY-ST-ZIP	1611 NE 105TH ST MIAMI, FL 33138	S	STREET ADDRESS	ACO COIL	ARRA INSAVE L 331時(#907 2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEIDEN, FRANCEASCA 1611 NE 105TH ST MIAMI, FL 33138	h s	TTLE LAME STREET ADDRESS SITY-ST-ZIP	,		☐ Change	Addition	
TITLE .	T SEIDEN, FRANCEASCA		TILE T	OLG (PAZI	wa	Thange Change	Additir	
STREET ADDRESS CITY-ST-ZIP	1611 NE 105TH ST MIAMI, FL 33138	S	STREET ADDRESS	escepa 900 conti	154 AVE	#907		
TITLE		Delete 1	""	MARVITE	<u>~ 6014</u>	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		S	IAME STREET ADDRESS STY-ST-ZIP					
TITLE NAME			TTLE			☐ Change	☐ Additir	
STREET ADDRESS CITY-ST-ZIP		S	TREET ADDRESS					

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^{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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of trustee empowered to execute the receiver of trustee empowered to execute the receiver of trustee empowered to execute the