

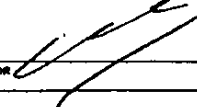


2006 FOR PROFIT CORPORATION- ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

04-24-2006 90427 042 ***150.00

DOCUMENT # P05000025020 1. Entity Name 950 75TH CORPORATION																													
Principal Place of Business 950 NE 75TH ST MIAMI, FL 33138-5242			Mailing Address 950 NE 75TH ST MIAMI, FL 33138-5242																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
<div style="display: flex; justify-content: space-between;"> 02162006 Chg-P CR2E034 (11/05) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-2436443 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div> </div>																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent AZRIA, ISABELLE E ESQ AZRIA LAW FIRM, P.A. 1744 N. MIAMI BLVD MIAMI BEACH, FL 33139			7. Name and Address of Registered Agent Name Azria, Isabelle E Esq Street Address (P.O. Box Number is Not Acceptable) Azria Law Firm, P.A. 420 Lincoln Rd, Suite 235-B City Miami Beach FL Zip Code 33139																										
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 ISABELLE AZRIA ESQ.  3/29/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D NESTOR, CHARLY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>950 NE 75TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 331385242</td> <td></td> </tr> </table>			TITLE	D NESTOR, CHARLY	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	950 NE 75TH ST		CITY-ST-ZIP	MIAMI, FL 331385242		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  04/29/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													