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2006 FOR PROFIT CORPORATION ANNUAL REPORT

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		RTY & CASUALTY		T,	SECRETARY ALLAHASSE	OF STA E. FLOO	IN IE			
Principal Place	e of Busines:			1			10			
3000 NORTHWEST 101 LANE CORAL SPRINGS, FL 33065			Mailing Address 3000 NORTHWEST 101 LANE CORAL SPRINGS, FL 33065							
]						
2. Principal Place of Business			3. Making Address]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132006	Chg-P	CR2E034	I (11/05)	
City & State			City & State			4. FEI Number	538730		_ 	plied For Applicable
Zip	Country		Zip Country		ıtry	5. Certificate o	l Status Desired		8.75 Add oo Require	
	6. Name	and Address of Current	7. Name and Address of New Registered Agent							
OATES D	ANIEL C		•		Name					
OATES, DANIEL E 1500 EAST ATLANTIC BOULEVARD SUITE B					Street Address (P.O. Box Number is Not Acceptable)					
POMPANO	D BEACH,	FL 33060			City				Zin Carl	
					City			FL	Zip Codi	•
8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agont.										
SIGNATURE_	Signature, Noed	Or crinted name of recustered actent	d when (exhatsino)	<u>.</u>	DATE					
Sgreaure, typed or printed netting of registered against and title if applicable. INOTE: Registered Agains sgreature required when remissating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be_ led to Fees	<u></u>		
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	IRECTORS	3 IN 11
TITLE	P,S		Delete	TITLE	ŧ			Γ	Change	Addition
NAME	MICELI, EMANUEL NA				-					
STREET ADDRESS		RTHWEST 101 LANE			EET ADDRESS					
CITY-S1-ZIP					r-\$T-ZIP					
TITLE HAME	VP,T	F, W, ADAM		TITE				ι	☐ Change	Addition
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IITLE	Detete IIII		וחו	E			[Change	Addition	
NAME			r	NAM						1
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LITLE	VP		7 🔲 Oalete	TITE				г	Change	Addition
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TITLE			Celete	TITL				ſ	Change	Addition
NAME				KAN				_		
STREET ADDRESS					EET ADORESS					ŀ
CITY-ST-ZIP				CITY	7-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 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.										
		a M	. / '				2/14/2	,_		
SIGNATURE: 2/14/06 SIGNATURE: SQUATURE AND TYPES OF PROVIDED NAME OF SUCHING OFFICER OR DIRECTOR ORDER Outs Desprise Provide S										

Document corrected by Pobert Riterato, comptroller. 1550