

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90214 030 \*\*\*150.00

**DOCUMENT # P05000035487**

1. Entity Name  
**THE 2526 CORPORATION**



Principal Place of Business Mailing Address  
~~3409 HEATHER TERRACE~~ ~~3409 HEATHER TERRACE~~  
~~LAUDERHILL, FL 33319 US~~ ~~LAUDERHILL, FL 33319 US~~

**50014121**

2. Principal Place of Business 3. Mailing Address  
**5943 W. OAKLAND PK BLVD** **5943 W. OAKLAND PK BLVD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.



04142006 Chg-P CR2E034 (11/05)

City & State City & State 4. FEI Number Applied For  
**LAUDERHILL, FLA.** **LAUDERHILL, FLA.** **20-2476095** Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**33319 BROWARD 33319 BROWARD**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
~~WEINBERG, STEVEN A~~ Name **MADELYNE GRUTTA**  
~~7805 S.W. 8TH COURT~~ Street Address (P.O. Box Number is Not Acceptable)  
~~PLANTATION, FL 33324~~ **5943 W. OAKLAND PARK BLVD**  
City **LAUDERHILL** FL Zip Code **33319**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00** 9. Election Campaign Financing \$5.00 May Be  
**After May 1, 2006 Fee will be \$550.00** Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRUTTA, MADELYNE			NAME			
STREET ADDRESS	<del>3409 HEATHER TERRACE</del>			STREET ADDRESS	<b>5943 W. OAKLAND PARK BLVD</b>		
CITY-ST-ZIP	<del>LAUDERHILL, FL 33319</del>			CITY-ST-ZIP	<b>LAUDERHILL, FLA. 33319</b>		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LESHINSKY, JOEL			NAME			
STREET ADDRESS	<del>3409 HEATHER TERRACE</del>			STREET ADDRESS	<b>5943 W. OAKLAND PARK BLVD</b>		
CITY-ST-ZIP	<del>LAUDERHILL, FL 33319</del>			CITY-ST-ZIP	<b>LAUDERHILL, FLA. 33319</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Madelaine Grutta 4/16/06 (954) 677-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**MADELYNE GRUTTA**