2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000043056



FILED May 02, 2006 8:00 am Secretary of State

| 1. Entity Nam | | LAEVSKY P.A. | | | | | | 05-02-20 | 06 90174 | 020 ***1: | 50.00 | |
|---|------------------------|--|--------------------------------------|--|---|---|---|---|----------------|--|--|--|
| Principal Place of Business | | | Mailing Add | Mailing Address | | | | | | | | |
| 258 190TH STREET | | | • | 258 190TH STREET | | | | | | | | |
| SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, F | | | | | 33160 | | | • | | | | |
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| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | , | | | | | |
| Suite, Apr. #, etc. | | | | ine, Αρι. π, σιο. | | | 01232006 | Chg-P | CR2E | 034 (11/05) | | |
| City & State | | | City & Sta | City & State | | | 4. FEI Numb | er | | A | oplied For | |
| | | | | | | | 20- | <u>2520</u> | 585 | No | ot Applicable | |
| Zip | Country | | Zīp | Zip Cour | | itry | | 5. Certificate of Status Desired 38.75 Additional | | | | |
| 6 Name and Address of Survey | | | | Doctor de la contraction de la | | | Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name and Address of New Registered Agent | | | | | | |
| TALALAEVSKY, MARIANNA | | | | | | 170110 | | | | | | |
| 258 190TH STREET | | | | | Street A | ddress (i | P.O. Box Numb | er is Not Accepta | ible) | | | |
| SUNNYIS | SLES BEAG | CH, FL 33160 | | | | | | | | | | |
| | | | | | 075 | | | | | | | |
| | | | | | City | | | | Fi | Zip Cod | 16 | |
| | | y submits this statemen | nt for the purpose o | f changing its regi | istered office or | register | ed agent, or bo | th, in the State of | Florida. I arr | familiar with, | and accept | |
| the obligat | tions of regist | tered agent. | | | | | | | | | | |
| OLONIATI IDE | | | | | | | | | | | | |
| SIGNATURE. | | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or printed name of registered a | agent and title if applicable. | (NOTE: Reg | gistered Agent signat. | ure required | when reinstating) | | DATE | | | |
| FiL | E NOWIII | FEE IS \$150.00 6 Fee will be \$55 | 9. Ele | (NOTE: Reg ection Campaign F est Fund Contribut | Financing | \$5. | when reinstating) 00 May Be ad to Fees | | DATE | | | |
| FiL | E NOWIII | FEE IS \$150.00 6 Fee will be \$5! | 9. Ele | ection Campaign F ust Fund Contribut | Financing | \$5. | 00 May Be ed to Fees | CHANGES TO C | | D DIRECTOR | S IN 11 | |
| FiL After Ma | E NOWIII | FEE IS \$150.00 6 Fee will be \$5! | 9. Ele 50.00 Tro | ection Campaign F ust Fund Contribut | Financing tion. | \$5. | 00 May Be ed to Fees | CHANGES TO C | | D DIRECTOR | S IN 11 | |
| After Ma | E NOWIII ay 1, 2000 | FEE IS \$150.00 6 Fee will be \$5! OFFICERS A | 9. Ele 50.00 Tro | ection Campaign F ast Fund Contribut | Financing tion. 11. TITLE NAME | \$5. | 00 May Be ed to Fees | CHANGES TO C | | | | |
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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: M. lalalaeusky IG OFFICER OR DIRECTOR