2006 FOR PROFIT CORPORATION ANNUAL REPORT

| Principal Place of Business 2655 LERIUME BO SUITE 507 CORAL GRRLS, R. 13134 2. Principal Place of Business 2655 LERIUME BO SUITE 507 CORAL GRRLS, R. 13134 2. Principal Place of Business 2. A Maling Address 2. Suite, A. 161 2. Principal Place of Business 2. A Maling Address 2. Suite, A. 161 2. Principal Place of Business 2. A Maling Address 2. Suite, A. 161 2. Principal Place of Business 2. A Maling Address 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Principal Place of Business 2. Suite, A. 161 2. Suit | DOCUMENT # P05000043602 | | | | | | FIL | .ED | | |
|--|---|--|--------------------------------|---------------------|--|--|--|--|-------------------|--|
| SECRETATION STATE TALLAHASSEE, FLORIDA SECRETATION STATE SECRETATION STATE TALLAHASSEE, FLORIDA SECRETATION STATE SECRETATION STATE THOMPSON STATE SECRETATION STATE SECRE | 1. Entity Name O.F.C. CORPORATION | | | | | | OS APR 2 | 1 DM I-OA | | |
| ## And Principal | | | | | | | | | | |
| 265 LEILINE RO SUITE 507 CORAL CARLES, FL 33134 2. Principal Place of Business 3. Mailing Agricus 5. Jule, Apl. #, 460 4. FE Number Coy & State Coy & FL Coy Coy F | Principal Plac | e of Business | Mailing Address | Molling Address | | | | | | |
| CORAL CABLES, FL 33134 CORAL CABLES, FL 33134 2. Principal Place of Business Suite Act. F. etit: Suite Act. F. etit: Cry & State | | | = | | | | TALLAHASS | tt, FLORIDA | | |
| Soles, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite City & State A. FEI Number Chapting For Real Part Respirable For Real Part | | | | | | | | | | |
| Soles, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. Suite City & State A. FEI Number Chapting For Real Part Respirable For Real Part | | | | | | | | | | |
| City & State Ci | 2. Principal P | Place of Business | 3. Mailing Address | . Mailing Address | | | | | | |
| City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILLINGS INC. 3732 NW 16 TH STREET FILLINGS INC. 3732 NW 16 | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Cho-P | CR2E034 (11/0 | 15) | |
| Replacement | City & Stat | e | City & State | City & State | | | - | TC | | |
| S. Satisface of Status Desired Food Desired Food Status Desire | | | | | | | | | Not Applicable | |
| FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 City FL Zip Code | Zip | Zip Country | | Zip Country | | 5. Certificate | of Status Desired | | | |
| FILINGS, INC. 3732 N.W. GITH STREET FT. LAUDERDALE, FL 33311-4132 City FL Zip Code | | Registered Agent | | | 7. Name and | Address of New F | Registered Agent | <u>.</u> | | |
| ET. LAUDERDALE, FL 33311-4132 City | FILINGS INC | | | | Name | | | | | |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fronda. I am familiar with, and accept the deligations of registered agent. SIGNATURE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Horida. I am familiar with, and accept the obligations of registered agent. Comment Co | PT. DAODE | ENDALE, FE 33311-4132 | | | | | • | | | |
| SIGNATURE: Signature Sign | | | | | City | | | FL Zip C | Code | |
| SIGNATURE Street Ropers Street Appears Street Appe | 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. | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ACCRESS CITY-ST-2P CORAL GABLES, FL 33134 CASCARANO, FELICETTA STREET ACCRESS CITY-ST-2P CORAL GABLES, FL 33134 Delete ITILE NAME STREET ACCRESS CITY-ST-2P CORAL GABLES, FL 33134 Delete ITILE NAME STREET ACCRESS CITY-ST-2P CORAL GABLES, FL 33134 Delete ITILE NAME STREET ACCRESS CITY-ST-2P CORAL GABLES, FL 33134 Delete ITILE NAME STREET ACCRESS CITY-ST-2P CORAL GABLES, FL 3010 Delete ITILE NAME STREET ACCRESS CITY-ST-2P TITLE NAME STREET ACCRESS CITY-ST-2P Delete TITLE NAME STREET ACCRESS CITY-ST-2P TITLE NAME STREET ACCRESS CITY-ST-2P Delete TITLE NAME STREET ACCRESS CITY-ST-2P TITLE NAME STREET AC | | | | | | | | | | |
| 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 THE CASCARANO, GIUSEPPE Addition NAME CASCARANO, FELICETTA Delete THE NAME CASCARANO, FELICETTA DELETE DELETE DELETE DELETE NAME CASCARANO, FELICETTA DELETE DELETE DELETE DELETE DELETE NAME CASCARANO, FELICETTA DELETE | | | | | | | | | | |
| 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 THE CASCARANO, GIUSEPPE Addition NAME CASCARANO, FELICETTA Delete THE NAME CASCARANO, FELICETTA DELETE DELETE DELETE DELETE NAME CASCARANO, FELICETTA DELETE DELETE DELETE DELETE DELETE NAME CASCARANO, FELICETTA DELETE | 9. Election Campaign Financing \$5.00 up. 25 | | | | | | | | | |
| TITLE NAME NAME NAME CASCARANO, GIUSEPPE STRET ADDRESS CITY-ST-2P CORAL GABLES, FL 33134 TITLE NAME CASCARANO, FELICETTA STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE Detelle TITLE | After Ma | ay 1, 2006 Fee will be \$550.0 | | | | | | | | |
| CASCARANO, GIUSEPPE 2655 LEJEUNE RD SUITE 507 STREET ADDRESS CITY-ST-2IP CORAL GABLES, FL 33134 TITLE VST NAME CASCARANO, FELICETTA STREET ADDRESS CITY-ST-2IP TITLE NAME CORAL GABLES, FL 33134 TITLE NAME CASCARANO, FELICETTA STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE | 10. | · · · · · · · · · · · · · · · · · · · | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OFF | FICERS AND DIRECT | ORS IN 11 | |
| STREET ADDRESS CITY-ST-ZPP CORAL GABLES, FL 33134 CITY-ST-ZPP C | 1 | ' | ☐ Delete | | | 6 | 30007; | 293037 | Addition Addition | |
| TITLE CASCARANO, FELICETTA NAME STREET ADDRESS 2655 LEJEUNE RD SUITE 507 CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME | 1 | · · | | | | 05/ | 01/06010 | 304001 * | *3308.75 | |
| NAME SIREET ADDRESS CITY-ST-ZP CORAL GABLES, FL 33134 Delete | CITY-ST-ZIP | | <u>_</u> | ÇITY- | -ST-ZIP | | | <u>.</u> | | |
| STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CIT | } | · = · | ☐ Delete | | | | | Chang | ge 🔲 Addition | |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAM | STREET ADDRESS | i · | | | · I | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | ļ | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| CITY-ST-ZIP TITLE | 1 | | ☐ Delete | | i i | | | ☐ Chan | ge L Addition | |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET | 1 | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Elete STREET ADDRESS CITY-ST-ZIP TO ELET STREET ADDRESS CITY-ST-ZIP | | | | | | | | | 🗆 144% | |
| CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualifyfior the extentions for the feet performance on this report of supplied entry is provided by Chapter 319, Florida Statutes. I further certify that the information indicated on this report of supplied entry is present a supplied with this filling does not qualifyfior the extentions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied entry is present a supplied by Chapter 310, Florida Statutes, and that may name appears in Block 10 or Block-11 if changed, or on an attachment with an instance supplied by Chapter 607, Florida Statutes, and that may name appears in Block 10 or Block-11 if changed, or on an attachment with an instance supplied by Chapter 607, Florida Statutes, and that may name appears in Block 10 or Block-11 if changed, or on an attachment with an instance supplied by Chapter 607, Florida Statutes, and that may name appears in Block 10 or Block-11 if changed, or on an attachment with an instance supplied by Chapter 607, Florida Statutes, and that may name appears in Block 10 or Block-11 if changed, or on an attachment with an instance supplied by Chapter 607, Florida Statutes, and that may name appears in Block 10 or Block-11 if changed. | | Delete | | | l l | | | ☐ Chang | ge 🗀 Addition | |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the elementary of the corporation of the corporation of the corporation of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certify that the information of the corporation of the certification of the certification of the corporation of the certification of the ce | 1 | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP 12. Hereby certify that the information supplied with this filling does not dralith for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of supplied entry is used and acceptate 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 feether of the exemption 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 extreme symmetric symmetry symmetric sym | | | | | | | **** | | 🗖 44450 | |
| CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption so contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied entry legion is fue and acceptate 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 feet year private of execute visit 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 extremely shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feet year private of execute visit 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 extremely shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feet year of the proper of the corporation of the feet year of the proper of the feet year of the | | • | ∟ Delete | | I | | | ☐ Chan | ge 🔲 Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report of supplied entry legion is the and acceptate and first 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 feether of the exemption is 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 extreme state in the exemption of the corporation of the feether of the exemption of the corporation of the feether of the exemption of the feether of the feethe | STREET ADDRESS | | | STREE | et address | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the infermenon supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied entry legion is given and racceptate and that my sing faulte shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the feet begin that give entry legion 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 extremely state of the composition of the corporation of the feet begin that give entry the entry legion 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 extremely state of the corporation of the corporation of the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an officer or director of the corporation or the feet begin that I am an | CITY-ST-ZIP | | | СПҮ- | -ST-ZIP | | | | | |
| 12. I hereby certify that the infermenon supplied with this filling does not disalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied profits have an an an officer or director of the corporation or the feety eight it used emprevered the exemption of the corporation or the feety eight it used emprevered the exemption of the corporation or the feety eight in an another end of the corporation of the corporation or the feety eight in the feety eight in the first emprevered the end of the corporation of the corporation or the feety eight in the first emprevered the end of the corporation of the corporati | ļ | | ☐ Delete | | 1 | | | ☐ Chan | ge 🔲 Addition | |
| 12. I hereby certify that the infermenon supplied with this filling does not disalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied profits have an an an officer or director of the corporation or the feety eight it used emprevered the exemption of the corporation or the feety eight it used emprevered the exemption of the corporation or the feety eight in an another end of the corporation of the corporation or the feety eight in the feety eight in the first emprevered the end of the corporation of the corporation or the feety eight in the first emprevered the end of the corporation of the corporati | 1 | 1 . 1 . 1 . 1 | | | | | K. E | Eckel APR 9 | 1 200g | |
| indicated on this report of subdeffent & leboritis file and acceptate that my signature stall have the same legal effect as if made under oath; that I am an officer or director of the corporation grine /ective or true legal entropy werent as subject of the corporation grine /ective or true legal entropy werent as subject of the corporation grine /ective or true legal entropy werent as subject of the corporation grine /ective or true legal entropy werent as subject of the corporation grine /ective or true file of the corporation grine /ective or true file or the corporation grine /ective or true file or the corporation grine /ective or true file or | ļ | | the filing had not a feet for | | | N in Chanter 110 | | | | |
| signature: Signature: Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director Signature and types or printed NAME of Signing Officer or Director | indicated | on this report of supplemental report is | s flue and accurate end that m | ny/sig/iaj | ure setall have the | same legal effec 7. Florida Statute | t as if made under s:.and that my nam | oath; that I am an offi ne appears in Block 1 | icer or director | |
| //SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR | changed, | or on an attachment with in attaches | | U | 1 54 | an Ul | Eareta | , Esq. Att | yinfact | |
| //SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR | SIGNAT | URE: ///// 1909 | 175 | 7 | | 4/13/01 | φ <u>3</u> 05 | -7 2 8-13 | 19 | |
| | | SIGNATURE AND TYPET OR I | INTED NAME OF SIGNING OFFICER | OR DIRECT | | G-1450 | pole (as | (a(GDaytime Phon | "Pres | |