


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90354 023 \*\*\*150.00

<b>DOCUMENT # P05000049708</b>		
1. Entity Name A. BLAU, L.M.T., INC.		

Principal Place of Business 12850 W SR 84 E13-4 DAVIE, FL 33325	Mailing Address 12850 W SR 84 E13-4 DAVIE, FL 33325
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2. Principal Place of Business 8385 SW 42nd Ct Suite, Apt. #, etc.	3. Mailing Address 8385 SW 42nd Ct Suite, Apt. #, etc.
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04032006 Chg-P CR2E034 (11/05)

City & State DAVIE, FL	City & State DAVIE, FL	4. FEI Number 56-2508426	Applied For Not Applicable
Zip 33328	Country USA	Zip 33328	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLAU, ANNA 12850 W SR 84 E13-4 DAVIE, FL 33325	
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 8385 SW 42nd Ct City DAVIE, FL Zip Code 33328	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAU, ANNA 12850 W SR 84 E13-4 DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Same) 8385 SW 42nd Ct DAVIE FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anna K. Blau 4/27/06 954-873-1087  
ANNA K. BLAU Date Daytime Phone #