2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State 03-20-2006 90020 041 ***150.00

3/2

| 1. Entity Name | MENT # P050000604 | 440 | | | 03-20-20 | 00 7002 | 0 041 | 150.00 |
|---|--|---|---|---|--|---------------|----------------------|------------|
| | of Business MERCIAL BLVD., SUITE 101 ALE, FL 33308 |)., SUITE 101 8 | 99 | 011003 | | | | |
| 2. Principal Pi For Suite, Apt. 10 l City & State 7 Zip 3 3 3 C TSAKANIK 2501 E. CC | ace of Business + Lauderdale, Fl - auderdale, Fl Country | Suite, Apt. \$, stc. 101 City & State Fort Lavder Zp 33308 Registered Agent | ounity USA Name | 01032006 4. FEI Number 51 - 03 5. Certificate o | Chg-P 546583 I Status Desired Address of New Ri | Figistered Ag | No No 8.75 Add | |
| the obligat | named entity submits this statement for ions of registered agent. Signature, howed or printed name of registered agent is NOWIII - FEE-IS-\$150.00 by 1, 2006 Fee will be \$550.0 | nd she's applicable. (NOTE: Reg | istered Agent eigneture recrim | | s, in the State of Flo | DATE | millar with, | and accept |
| | <u> </u> | \ <u>-</u> | 44 | ACDITIONE (| HANCES TO DEE | CEDE AND I | MECTOR | |
| 10. | OFFICERS AND | DIRECTORS Delete | TIPLE | ADDITIONS/C | CHANGES TO OFFI | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSAKANIKAS, GEORGE 2501 E. COMMERCIAL BLVD., S FT. LAUDERDALE, FL 33308 | | NAME STREET ADDRESS CITY-ST-ZIP | | | , | C (ve:de | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O TSAKANIKAS, ANDREA 2501 E. COMMERCIAL BLVD., S FT. LAUDERDALE, FL 33308 | Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | 1 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | ☐ Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Delete | TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE | | | 1171.5 | | | | ☐ Change | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | | | Additio |

12. Thereby certify that the information 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect the 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 attackment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Oate

Daytime Phone #