

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90101 048 \*\*\*150.00

**DOCUMENT # P05000071028**

1. Entity Name  
**LYRA MANAGEMENT, INC.**



Principal Place of Business  
**888 SE 3RD AVENUE  
STE 501  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**888 SE 3RD AVENUE  
STE 501  
FORT LAUDERDALE, FL 33316**

40061433



2. Principal Place of Business  
**1700 N.W. 66TH AVE.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 102**

Suite, Apt. #, etc.

City & State  
**Plantation, Florida**

City & State

Zip  
**33313**

Country

Zip

Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number

**20-2843737**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**FORMAN, M. AUSTIN  
888 SE 3RD AVENUE  
STE 501  
FORT LAUDERDALE, FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KUCZYNSKI, RON W  
STREET ADDRESS 888 SE 3RD AVENUE, STE 501  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VPD ☐ Delete  
NAME FORMAN, M. AUSTIN  
STREET ADDRESS 888 SE 3RD AVENUE, STE 501  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE T ☐ Delete  
NAME MURPHY, WILLIAM M  
STREET ADDRESS 888 SE 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE S ☐ Delete  
NAME GETTLER, BENJAMIN  
STREET ADDRESS 888 SE 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **T.D. William M. Murphy**  
STREET ADDRESS **1700 NW 66 Ave #102**  
CITY-ST-ZIP **Plantation, FL 33313**

TITLE ☒ Change ☐ Addition  
NAME **Benjamin Gettler**  
STREET ADDRESS **1700 NW 66 Ave #102**  
CITY-ST-ZIP **Plantation, FL 33313**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Wesley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Murphy**

Date

**4/4/06 (954) 746-2221**

Daytime Phone #