

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081062

FILED
Jul 02, 2006
Secretary of State

Entity Name: MARTHA RABINOVICH DESIGN ASSOCIATES INC.

Current Principal Place of Business:

1627 QUAIL COURT
WESTON, FL 33327

New Principal Place of Business:

318 INDIAN TRACE
SUITE 625
WESTON, FL 33326

Current Mailing Address:

1627 QUAIL COURT
WESTON, FL 33327

New Mailing Address:

318 INDIAN TRACE SUITE 625
SUITE 625
WESTON, FL 33326

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DLR ACCOUNTING CORP.
6336 GRANT STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RABINOVICH, MARTHA
Address: 1627 QUAIL COURT
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GUCOVSKI, ALAN
Address: 1627 QUAIL COURT
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GUCOVSKI, ADRIAN
Address: 1627 QUAIL COURT
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GUCOVSKI, JOSEPH
Address: 1627 QUAIL COURT
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GUCOVSKI, ILANA
Address: 1627 QUAIL COURT
City-St-Zip: WESTON, FL 33327

Title: D (X) Delete
Name: SAMPER, JULIANA
Address: 1627 QUAIL COURT
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA RABINOVICH

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07/02/2006

Electronic Signature of Signing Officer or Director

Date