

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-10-2006 90340 015 ***150.00

DOCUMENT # P05000081969

1. Entity Name
WOLFF 23 PUBLISHING, INC.



Principal Place of Business
**100 SE SECOND STREET SUITE 3300
MIAMI, FL 33131**

Mailing Address
**100 SE SECOND STREET SUITE 3300
MIAMI, FL 33131**

66014000



2. Principal Place of Business
1000 E. Island Blvd.
Suite, Apt. #, etc.
3110

3. Mailing Address
1000 E. Island Blvd.
Suite, Apt. #, etc.
3110

04052006 Chg-P CR2E034 (11/05)

City & State
Aventura, FL
Zip
33160 Country
MIAMI-DADE

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Aventura, FL
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4. FEI Number
43-2103805 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE & GOLDSTEIN PA
100 SE SECOND STREET SUITE 3300
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
MARK J. WOLFF Esq.
Street Address (P.O. Box Number is Not Acceptable)
1000 E. Island Blvd. Suite 3110
City
Aventura FL Zip Code
33160

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]* (NOTE: Registered Agent signature required when reappointing) DATE
4-5-06

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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DP	WOLFF, MARK J JR	6812 SW 78TH TERR	MIAMI, FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☒ Addition
DST	MARK J. WOLFF, Esq.	1000 E. Island Blvd. Suite 3110	Aventura, FL 33160	

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: *[Signature]* **MARK J. WOLFF, JR.** **4-5-06** **305-804-4734**
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #