2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 8:00 am Secretary of State

DOCU	MENT:	# P0500009	1964				7	03-30-2006	5 900 3 2	2 015 ***1	50.00
1. Entity Nan	ne	COM, INC.	,								
Principal Place of Business Mailing Address							1	•	tni)
290 SW 12TH AVE			290 SW 12TH AVE			,			วบเ	0741	5 .
DEERFIELD BCH, FL 33442			DEERFIELD BCH, FL 33442								
							1 (31) (21) (3	i Palai alist Calit Hairi da	HI CO TTO 1001	PARTO LA LEGA ALTER DE	SIFFI II IFRI
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02272006	Chg-P	CR2E	E034 (11/05)	
City & State			City & State				4. FEI Numb	er 304015			oplied For ot Applicable
Zip	Zip Country			Zip Count				of Status Desired		\$8.75 Ad	ditional
	6. Name a	and Address of Current	Registered Ag	ent			7. Name and	Address of New F	Registered		-
DI ANICO	CADOLLVI				Nai	ne	-				
290 SW 1	CAROLLYI 2TH AVE	NN S			Stre	et Address (P.O. Box Numb	er is Not Acceptable	۵۱		
	LD BCH, FL	. 33442									
		$\dot{\psi}$									
	ئے :					City FL Zip Code					
8. The above	e named entity tions of registe	submits this statement to	or the purpose of	f changing its	registered offi	ce or register	red agent, or bo	th, in the State of Flo	orida, I ar	n familiar with,	and accept
SIGNATURE.	Signature Avened or	printed rayie of registered agent	and tile if employers	MOTE	Dati-to-st						
			што вин и аррисации.	(4012	: Registered Agent	edinarine techniec	when reinstating)	T	DATE		
FIL After M	E NOW!!! I ay 1, 2006	FEE IS \$150.00 Fee will be \$550.		ection Campaig sst Fund Contr	-		.00 May Be led to Fees			et tu	
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS.	CHANGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11
TITLE NAME	DP	CAROLL VINING	[Delete	TITLE	j				Change	☐ Addition
STREET ADDRESS	000 000 4070 407		NAME Street adde								
CITY-ST-ZIP	i .	D BCH, FL 33442			CITY-ST-ZIP	233					
TITLE	DS			Delete	TITLE	 				Change	☐ Addition
NAME	CARCAG GEORGE ID		NAME	Sabga, George Jr.				⊠ cuange	L. AUGMON		
STREET ADDRESS	290 SW 12				STREET ADDR		J	5			
CITY-ST-ZIP	DEERFIEL	D BCH, FL 33442			CITY-ST-ZIP		·				
TITLE			[☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAME OTREST AREA						
CITY-ST-ZIP					STREET ADOR	155					
TITLE		 -		☐ Delete	TITLE						
NAME			-	_ once	NAME	ľ				☐ Change	☐ Addition
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NAME					NAME						
STREET ADDRESS City-St-Zip	}				STREET ADDR	ESS					
TITLE				7.5-1	CFTY-ST-ZIP	_					
			L	☐ Delete	TITLE	1				Change	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 it 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 oddress, with all their like empowered.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

George Sabga, Jr. 03/24/2006

006 (9)

Date

(954) 425-0295

Daytime Phone #