## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P05000102254



FILED May 10, 2006 8:00 am Secretary of State

Principal Place of Business  101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432  2. Principal Place of Business  3. Mailing Address 101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432  3. Mailing Address 101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432	(11/05)				
101 PCAZA REAL SOUTH   Suite, Apt. #, etc.   Suite, Apt. #, etc.   05012006 Chg-P CR2E034 (	(11/05)				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   05012006   Chg-P   CR2E034 (	<u> </u>				
	App				
City & State City & State 4. FEI Number	Not	lied For Applicable			
	3.75 Addit e Required	ional			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	ent				
CAROSELLA, JOE 101 PLAZA REAL S., STE. 200, ROYAL PALM PLACE BOCA RATON, FL 33432					
	Zip Code				
FE					
<ol><li>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 familithe obligations of registered agent.</li></ol>	niliar with, a	ind accept			
SIGNATURE					
Signature, typed or printed familial rough sered agont 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 \$5.00 May Be Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS	IN 11			
NAME CAROSELLA, JOE SIREET ADDRESS 101 PLAZA REAL S., STE. 200, ROYAL PALM PL  NAME SIREET ADDRESS 101 PLAZA REAL S. STE. 200, ROYAL PALM PL	Change	☐ Addition			
	A Charmen	Addition			
NAME CAROSELLA, LOUIS STREET ADDRESS 101 PLAZA REAL S., STE. 200, ROYAL PALM PL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432  CITY-ST-ZIP  BOCA RATON, FL 33432					
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	] Change	Addition			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	] Change	Addition			
TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	] Change	Addition			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify the certify the exemptions contained in Chapter 119, Florida Statutes. I turther certify the exemptions contained in Chapter 119, Florida Statutes. I turther certify the exemptions contained in Chapter 119, Florida Statutes.	Change	Addition			

indicated on this report of supplemental report is not 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 trusted 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:	D	F (2000)	Joe Carosella	May 1, 2006	561-961-1733	
SIGNATURE AND T	PED O	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Oate	Daytime Phone #	
	_					