

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90205 018 \*\*\*150.00

<b>DOCUMENT # P05000109899</b>					
<b>1. Entity Name</b> PASCO COUNTY I CORPORATION					
<b>Principal Place of Business</b> 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071			<b>Mailing Address</b> 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		<b>3. Mailing Address</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL		04282006    Chg-P    CR2E034 (11/05)	
Zip 33323		Country USA		4. FEI Number 20-3318415	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> GRANT, MARK F ESQ. 200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City    FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		PD EZRAITI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		VAS FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		V NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		V COSTELLO, RICHARD A. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			N. MARIA MENENDEZ, VICE PRESIDENT    4/28/06    954-753-1730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					