2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000116056 1. Entity Name TRI-STATE AUCTIONEERS, INC.				08-09-200	06 90012 021 ***1	50.00
Principal Place of Business C/O STOOPS & CO., LLC 225 EAST 95TH STREET, #29-K NEW YORK, NY 10128 Mailing Address C/O STOOPS & CO., LLC 225 EAST 95TH STREET, # NEW YORK, NY 10128 2. Principal Place of Business 3. Mailing Address		#29-K				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		37	07062006	Chg-P	CR2E034 (11/05)	84 8
Clearunter, FL	City & State DUNEDIN, FL		4. FEI Numbe	-34956	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	plied For
33765 Paveras	zip 34698 A	DUBLES		of Status Desired	\$8.75 Add Fee Require	litional d
SUITE 508 MIAMI, FL 33158 206			7. Name and Address of New Registered Agent SPANA M. "ARRILL (P.O. Box Number is Not Acceptable) TRANGE ROAD Zip Code			
8. The above named entity submitted his 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 Signate, fixed of printed name of registered agent accept 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. NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Adde					with s. 607.193(2)(b), not receive the prior i	
10. OFFICERS AND 1IILE PD NAME KOMAU, ROBERT A SIREET ADDRESS C/O STOOPS & CO., LLC, 225 E CITY- ST- ZIP NEW YORK, NY 10128	☐ Delete	NAME	ESIDENT ARROU	CHANGES TO OFF	FICERS AND DIRECTOR: Change CRECE	S IN 11
TITLE NAME STREET ADDRESS CITY ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	DV44CDII		Change	Addition
THLE NAME STREET ADDRESS CITY- \$1-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
INTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition
TIILE NAME STREET ADDRESS CITY- ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
MAME STREET ADDRESS CITY- ST- ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Officer 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: SIGNATURE AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIRECTOR Date Date Provide Statutes (March 119, Florida Statutes), I further certify that the information indicated on this report or supplemental true and officer or director of the corporation or the receiver of trustee and officer or director of the corporation or the receiver of trustee and officer or director of the corporation or the receiver of trustee and officer or director of the corporation or the receiver of trustee and officer or director of the corporation or the receiver of the receiver						