

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118196

FILED
Apr 12, 2006
Secretary of State

Entity Name: SUB STATION 44 INC.

Current Principal Place of Business:

4900 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063 US

New Principal Place of Business:

4900 WEST ATLANTIC BOULEVARD #4
MARGATE, FL 33063 US

Current Mailing Address:

4900 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063 US

New Mailing Address:

4900 WEST ATLANTIC BOULEVARD #4
MARGATE, FL 33063 US

FEI Number: 20-3383692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIZALDA, ALEX
4900 WEST ATLANTIC BOULEVARD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

LIZALDA, ALEX
4900 WEST ATLANTIC BOULEVARD #4
MARGATE, FL 33063 US

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.

SIGNATURE: ALEX LIZALDA

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIZALDA, ALEX
Address: 4900 WEST ATLANTIC BOULEVARD
City-St-Zip: MARGATE, FL 33063 US

Title: VP () Delete
Name: TRIVLIS, CHRISTINE
Address: 4900 WEST ATLANTIC BOULEVARD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIZALDA, ALEX
Address: 4900 WEST ATLANTIC BOULEVARD #4
City-St-Zip: MARGATE, FL 33063 US

Title: VP (X) Change () Addition
Name: TRIVLIS, CHRISTINE
Address: 4900 WEST ATLANTIC BOULEVARD #4
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX LIZALDA

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date