

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90002 046 \*\*\*150.00

**60038955**



<b>DOCUMENT # P05000128488</b>					
<b>1. Entity Name</b> BEHAR & ASSOCIATES, PA					
<b>Principal Place of Business</b> 616 SEA PINE WAY APT E2 GREENACRES, FL 33415			<b>Mailing Address</b> 616 SEA PINE WAY APT E2 GREENACRES, FL 33415		
<b>2. Principal Place of Business</b> 126 Sparrow Dr #4B		<b>3. Mailing Address</b> 126 Sparrow Dr #4B			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Royal Palm Beach FL		<b>City &amp; State</b> Royal Palm Beach FL		<b>4. FEI Number</b> 20-3520864	
<b>Zip</b> 33411		<b>Country</b> USA		<b>5. Certificate or Status Desired</b> <input type="checkbox"/> <b>Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BEHAR, GEORGIO 616 SEA PINE WAY APT E2 GREENACRES, FL 33415			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code</span>		
<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 Due by September 6, 2006</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> BEHAR, GEORGIO		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 616 SEA PINE WAY APT E2	<b>CITY-ST-ZIP</b> GREENACRES, FL 33415			<b>STREET ADDRESS</b> 126 Sparrow Dr #4B	<b>CITY-ST-ZIP</b> Royal Palm Beach, FL 33411
<b>TITLE</b> VP	<b>NAME</b> HODGE, CRYSTAL		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 616 SEA PINE WAY APT E2	<b>CITY-ST-ZIP</b> GREENACRES, FL 33415			<b>STREET ADDRESS</b> 126 Sparrow Dr #4B	<b>CITY-ST-ZIP</b> Royal Palm Beach, FL 33411
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<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> <i>Crystal Hodge</i> <b>Crystal Hodge</b> <b>9/1/06</b> <b>561-337-4680</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					