2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State 03-08-2006 90189 050 ***150.00

Principal Place of Business 19501 E COUNTRY CLUB DR 9 208	DOCUMENT # P05000133846 1. Entity Name THE PLEASURE OF LIVING CORP.					03-08-2006 90189 050 ***150.00				
### Applied For Designation Surface Surfac	Principal Place of Business Mailing Address			<u> </u>		1			,	
Suite, Apl. #, etc. Suite, Apl. #, etc. Q2092006 Chg-P CR2E034 (11/05) City & State City & State City & State A. FEI Number			19501 E COUNTRY CLUB DR 9 208		208			50	0014	175
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Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092006	Chg-P	CR2E034	(11/05)	
SERBER, DANIEL J SO. SERBER, D	City & State		City & State		,			12	—	
SERBER, DANIEL JESO. SERBER & ASSOCIATES, P.A. 2675 NE 1911 ST STE 801 AVENTURA, FL 23780 City FL Zip Code City FL Zip	Zip	Country	Zip	Coun	try			□ \$8		
SERBER, DANIEL JESO. SERBER & ASSOCIATES, P.A. 2875 NE 191 ST STE 801 AVENTURA, EL 28780 City		6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Age	int	
SERBER & ASSOCIATES, P.A. 2875 Net 191 ST STE 801 AVENTURA, FL 33180 City FL Zip Code City FL Zip C					Name					
Either bover named effity 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 observations of deptisement deptile. Signature	SERBER & ASSOCIATES, P.A.				Street Address (P.O. Box Number is Not Acceptable)					
B. The gbove named entity sulmits 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 obliquitions of golstered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE MAY: 195.01 E Country Club Dr 89 20 Borns: 3-2P Miami, FL 3318.0 TILE NAME STREET ADDRESS CITY-S1-2P TILE NAME STREET ADDRESS CITY-S1-2P TILE NAME STREET ADDRESS CITY-S1-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny Delete NAME STREET ADDRESS CITY-S1-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny Delete NAME STREET ADDRESS CITY-S1-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny Delete NAME STREET ADDRESS CITY-S1-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny 19501 E Country Club Dr 9 20 Borns: 3-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny 19501 E Country Club Dr 9 20 Borns: 3-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny 19501 E Country Club Dr 9 20 City-S1-2P Miami, FL 3318.0 Treasurer Mario G Gerszuny 19501 E Country Club Dr 9 20 City-S1-2P Miami, FL 3318.0 Delete Miami, F	AVENTURA	A, FL 23180								
SIGNATURE Signature Signa		/);			City			FL	Zip Code	١
ARTOR May 1, 2006 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MARK MARY 19501 E Country Club Dr 89 20 STREET ADDRESS CITY-ST-ZIP TITLE REGINA M. Daniel de Gerszuny 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E Country Club Dr 9 20 STREET ADDRESS 19501 E COUNTRY CLUB DR 9 20 STREET ADDRESS 19501 E COUNTRY CLUB DR 9 20 STREET ADDRESS 19501 E COUNTRY CLUB DR 9 20 STREET ADDRESS 19501 E COUNTRY CL	the obligation	ons of registered agent.	•	_			n, in the State of F		niliar with, a	and accept
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12. Thereby 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		and its that the deformation a ball of with	this filing does not qualify for			ed in Chanter 110	Florida Statutes	I further certify	that the in	nformation

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-06

305-935, 4545

Daytime Phone #