2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-31-2006 90009 023 ***150.00

DOCUMENT # P05000158358

1. Entity Name
BEYTULLAH ATMACA PA

Principal Place of Business	Mailing Address
5500 NW 2ND AVE 121 BOCA RATON, FL 33487	5500 NW 2ND AVE 121 BOCA RATON, FL 33487

03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
18132 CLEAR BROOK CIR	18132 CLER BROOK CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCARATON / FL	City & State: BOCARATON FL.
Zip: 33498 Country: PALM BEACH	Zip: 33498 Country: PALM BEACH

4. FEI Number 20-3891016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLASGOW, IRIS 3000 E SUNRISE BLVD 11F FT LAUDERDALE, FL 33304	Name BEYTULLAH ATMACA Street Address (P.O. Box Number is Not Acceptable) 18132 CLEAR BROOK CIRCLE City BOCARATON FL. FL Zip Code 33498

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.

SIGNATURE B Atmaca DATE 03/20/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATMACA, BEYTULLAH 5500 NW 2ND AVE, SUITE 121 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME 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 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.

SIGNATURE: B Atmaca 03/20/2006 561-716 8009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #