

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 18 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000160029

1. Entity Name  
EAGLE & WHALE, INC.



Principal Place of Business

7900 NW 27 AVENUE  
SUITE 169  
MIAMI, FL 33147

Mailing Address

7900 NW 27 AVENUE  
SUITE 169  
MIAMI, FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09112006

Chg-P

CR2E034 (11/05)

4. FEI Number

04-3838242

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DOLLETT  
7900 NW 27 AVENUE  
SUITE 169  
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KENNEDY, CHRISTOPHER  
STREET ADDRESS 12331 NW 11 COURT  
CITY-STATE-ZIP PEMBROKE PINES, FL 33026 ☐ Delete

TITLE V  
NAME KENNEDY, HURRINE  
STREET ADDRESS 12331 NW 11 COURT  
CITY-STATE-ZIP PEMBROKE PINES, FL 33026 ☐ Delete

TITLE S  
NAME ROBERTS, DOLLETT  
STREET ADDRESS 12331 NW 11 COURT  
CITY-STATE-ZIP PEMBROKE PINES, FL 33026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
000080005560  
09/20/06--01057--009 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Handwritten signature/initials*