## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2007 8:00 am Secretary of State 07-05-2007 90061 004 \*\*\*150.00

DOCUMENT # P06000058973  1. Entity Name CONBECK INC						4	U144331	r	
Principal Place 1207 BELMO NORTH LAUD	ONT LANE		Mailing Address 1207 BELMONT LANE NORTH LAUDERDALE, FL 33068			4 (200)			/m161 n 1831
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272007	Chg-P	CR2E034 (12/06)	)
City & State			City & State			4. FEJ Numb	59130	<del></del>	pplied For lot Applicable
_Zip 	Country		Zip	Coun	itry		of Status Desired	See Requir	
	6. Name	and Address of Curren	Registered Agent		ivame	7. Name and	'Address' of New Re	egistered Agent	
*BECKER, / 1207 BELM NORTH LA	NONT LAI	NE NLE, FL 33068		Street Address		P.O. Box Numb	er is Not Acceptable	)	
·			-		City		<del>-</del>	FL Zip Co	ne .
6. The above	named entit	y submits this statement f	or the purpose of changing	. ,	ed agent, or bo	th, in the State of Flor	r L		
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 Squeaure, typed or private transport sensurations and sele of applicable. (NOTE: Registered Agent segment when reinstating)  OATE									
FILE NOWIN FEE IS \$150,00  9. Election Campaign Financing \$5,00 May Be After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees									
10.		OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	IS IN 11
TITLE NAME	P BECKER.	ARLENE	Delets	Deleta TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		MONT LANE AUDERDALE, FL 330	<del>16</del> 8		ET ADORESS -ST-ZIP				
TITLE	VP	RAS, JAIME	Delete TIPLE		l l			Change	Addition
STREET ADORESS	1207 BEL	MONT LANE	1	NAM STRE	ET ADDRESS				
CITY-ST-ZIF	NORTH L	AUDERDALE, FL 330			-ST-ZIP				
NAME			Celete	HAM				☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP					ET ADORESS -ST-ZIP				
THUE			☐ Delete	:::u		-	-	☐ Change	☐ Acdillion
NAME STREET ADDRESS				NAM. STRE	ET ADDRESS				
CITY-\$1-ZIP				1	-ST-ZIP				
HILE NAME			☐ Delete	TITLE NAM	L L			☐ Change	Addition
STREET ADORESS				STRE	ET ADDRESS				
CITY-\$1-ZIP			☐ Deliste		- \$1 - ZIP				C satisfies
NAME	,		NAME		E			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					ET AODRESS -S1-ZIP				
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									
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect se if made under ceth; 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: SOMETIME AND TYPED OF PRINTED TRANS CONTROL OF CONTROL									