2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCU				·			
1. Enlity Nation TITAN ROAD INDUSTRIAL PARK, INC.				}			
			}				
Principal Pac	e of Business	Mailing Address	<u> </u>	 			
2622 N.W. 2		2622 N.W. 23 WAY BOCA RATON, FL 33431		} {			
BOCA RATON, FL 33431 BOCA RATON, FL 33431				\$ SECTION OF A	ES (MA SASTE ASTRO BATE) TO		(1811 KiB(t Bibt) B)B((899) 1) 1991
		1					
DO NOT WRITE IN THIS SPACE			CF	01272008	No Chg-P		034 (11/05)
			*** ****	4. FEI Numb 84-117			Applied For Not Applicable
				5. Certificate	of Status Desired		\$8.75 Additional Fee Regulated
	1	 					
COGEN, JOSEPH 2622 N.W. 23 WAY BOCA RATON, FL 33431				DO	NOT W	RIT	F
					THIS SI		
				1174	i mio oi	-ACI	=
	named entity submits this statement for	the purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Fl	lorida. (an	n familiar with, and accept
(he ob≆gati	lons of registered agent.					•	
SIGNATURE_	ni Agent signature requires	d when reinstaling)		DATE			
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 B. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees			
10.	OFFICERS AND I	DIRECTORS	1		1		
TITLS NAME	COP COGEN, JOSEPH						
STREET ADDRESS			1		ປີບໍ່ຜູ້ເນດ	U44378	7
TITLE	BOCA RATON, FL		1		03/06/06	-60023	7 -014 150.00
NAME	COGEN, LEE 2622 N.W. 23 WAY						
STREET ADDRESS City-St-29	BOCA RATON, FL						
TITLE	VST	·	1				
MAME STREET ADORESS	COGEN, LEE 2622 N.W. 23 WAY			no	NOT 14	J 17 17	
CITY-ST-ZP	BOCA RATON, FL	· -	1		NOT W	•	
TITLE NAME			1	IN	THIS SI	PAC	E
STREET ADOPESS			1				
CHY-ST-ZD		 	-}			. `	
MAME							
STREET ADDRESS			1				
TITLE			-{				
NAME							
STREET ADOFFESS	1		I				

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 it made under call; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

MANATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR

M 2/13-06

561 994 891

Daytime Phone #