2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 27, 2006 08:00 AM DOCUMENT # P92000002342 Secretary of State 1. Entity Name JEFFREY S. WACHS, P.A. Mailing Address Principal Place of Business 1177 SE THIRD AVENUE 1177 SE THIRD AVENUE FORT LAUDERDALE FL 33316-1197 FORT LAUDERDALE FL 33316-1197 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0367333 Not Applicat Zip Country Z_{10} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WACHS, JEFFREY S 1177 SE THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316-1197 City 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 DATE (NOTE Registered Agent signature required when ronstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May 5 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WACHS, JEFFREY S STREET ADDRESS 1177 SE THIRD AVENUE STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP FORT LAUDERDALE FL 33315-1197 ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY - ST - ZDP Change Art." ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-St-ZiP ☐ Change ☐ Air ☐ Delete TITLE WILE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

resident

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