## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P92000008426

FIFTH STREET COUNSELING CENTER I, INC.



**FILED** Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

4121 NW 5TH ST. PLANTATION, FL 33317 Mailing Address

4121 NW 5TH ST. PLANTATION, FL 33317



01092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0362232

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RAMBO, WILLIAM C

## DO NOT WRITE

4230 SW 8TH STREET FORT LAUDERDALE, FL 33317			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	rapplicable (NOTE Registered	Agent signature	required when reinstating)	1190009418487
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	02/11/06-80083-004 150.00
10,	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RAMBO, WILLIAM C 4230 SW 9TH ST PLANTATION, FL 33317-450	^			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. I hereby 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 as if made under oath; that I am an officer or director of the corporation or the receiver or rusted 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:

STREET ADDRESS CITY-ST-ZIP

154 797.5222