2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** DOCUMENT # P93000002797 Jan 31, 2006 08:00 AM 1. Entity Name **Secretary of State** JOHN S. LEVY, P.A. Principal Place of Business Mailing Address 2701 NE 14TH ST STE 3 POMPANO BEACH FL 33062 2701 NE 14TH ST STE 3 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0380182 Not Applicat Ζιρ Country Country Ζιρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVY, JOHN S Street Address (P.O. Box Number is Not Acceptable) 2701 NE 141TH ST SUITE 3 POMPANO BEACH FL 33062 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May ₽ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE Delete TITLE Change Addition NAME NAME LEVY, JOHN S 1/00000408308 STREET ADDRESS 2701 NE 14TH ST, SUITE 3 STREET ADDRESS 02/08/06-80053-015 150.00 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 TITLE Delete TITLE Change Addit. NAME NAME LEVY, JOHN S STREET ADDRESS 2701 NE 14TH ST. SUITE 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33062 ☐ Delete TITLE ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY-ST-7IP Change Addit. Delete TITLE TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THLE Change Addition 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 director of the corporation or the receiver of trusted 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR