


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90021 036 ***158.75

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| DOCUMENT # P93000004136 |  |
| 1. Entity Name CAESAREA GALLERY INC. | |

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| Principal Place of Business 608 BANYAN TRAIL GALLERY CENTER BOCA RATON FL 33431 US | Mailing Address 608 BANYAN TRAIL GALLERY CENTER BOCA RATON FL 33431 US |
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| 2. Principal Place of Business SAME AS ABOVE | 3. Mailing Address 5190 SUFFOLK DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------------|------------------------------------|--|
| City & State BOCA RATON FL | 4. FEI Number 65-0397728 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33496 | Country USA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent ASHER, ITZHAK 800 HARBOUR DRIVE BOCA RATON FL 33431 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 ITZHAK ASHER 02/15/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT ASHER, ITZHAK 800 HARBOUR DRIVE BOCA RATON FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS ASHER, KAREN L 800 HARBOR DR BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete PLEASE NOTE ↑ | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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: ITZHAK ASHER 02/15/06 SGI 94555-32
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #