

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025990

FILED
Jan 07, 2006
Secretary of State

Entity Name: AMBARR PUBLISHING CO., INC.

Current Principal Place of Business:

PO BOX 50465
LIGHTHOUSE POINT, FL 33074

New Principal Place of Business:

500 N. W. 48TH ST.
SUITE # 109
POMPANO BEACH, FL 33064

Current Mailing Address:

PO BOX 50465
SUITE # 109
LIGHTHOUSE POINT, FL 33074

New Mailing Address:

PO BOX 50465
LIGHTHOUSE POINT, FL 33074

FEI Number: 65-0399758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERER, CARLOS
500 NW 48 ST
SUITE 109
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LERER, CARLOS
Address: PO BOX 50465
City-St-Zip: LIGHTHOUSE, FL 33074

Title: D () Delete
Name: LERER, ESTHER
Address: PO BOX 50465
City-St-Zip: LIGHT HOUSE, FL 33074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS LERER

D

01/07/2006

Electronic Signature of Signing Officer or Director

_____ Date