2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State DOCUMENT # P93000028012** 1. Entity Name 02-27-2006 90070 021 ***150.00 MERYL L. FRIEDMAN, P.A. Principal Place of Business Mailing Address 18705 SEA TURTLE LN BOCA RATON FL 33498 US 18705 SEA TURTLE LN BOCA RATON FL 33498 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 65-0407430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FRIEDMAN, MERYL L 1 / Cropeet Address (P.O. Box Number is Not Acceptable) 18705 SEA TURTLE LN BOCA-RATON FL 33498 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. (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 11. 10. TITLE HILLE ☐ Delete FRIEDMAN, MERYL L NAME NAME STREET ADDRESS STREET ADDRESS 18705 SEÄ TURTLE LIN CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 99498 Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ups mu NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Change ☐ Addition THE ☐ Defete TITLE NAME NAME. STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fifing 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:

FILED