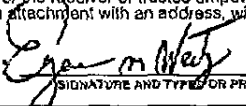


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000000624		
1. Entity Name EUGENE M. WEITZ, CPA, P.A.		
Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 500 FORT LAUDERDALE, FL 33304		Mailing Address 915 MIDDLE RIVER DRIVE SUITE 500 FORT LAUDERDALE, FL 33304
DO NOT WRITE IN THIS SPACE		
		02142006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0457517
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WEITZ, EUGENE M 915 MIDDLE RIVER DRIVE SUITE 500 FORT LAUDERDALE, FL 33304		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEITZ, EUGENE M 915 MIDDLE RIVER DRIVE, SUITE 500 FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEITZ, EUGENE M 915 MIDDLE RIVER DRIVE, SUITE 500 FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEITZ, EUGENE M 915 MIDDLE RIVER DRIVE, SUITE 500 FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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 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:  EUGENE M WEITZ		2/15/06 954-563-6404
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #