


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90066 001 \*\*\*450.00

<b>DOCUMENT # P94000031162</b>	
1. Entity Name <b>MAURICE BUSINESS CO.</b>	

Principal Place of Business <b>210-174 STREET SUITE 1901 NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>210-174 STREET SUITE 1901 NORTH MIAMI BEACH FL 33160</b>
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2. Principal Place of Business <i>3700 North 29 Avenue</i>	3. Mailing Address <i>3700 North 29 Avenue</i>
Suite, Apt. #, etc. <i>#102</i>	Suite, Apt. #, etc. <i>#102</i>

1st MOORE CR2E034 (10/05)

City & State <i>Hollywood FL</i>	City & State <i>Hollywood FL</i>	4. FEI Number <b>65-0651878</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33020</i>	Country <i>USA</i>	Zip <i>33020</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OVADIA, GINETTA 210-174 STREET SUITE 1901 NORTH MIAMI BEACH FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) <i>3700 North 29 Avenue</i> <i>#102</i> City <i>Hollywood FL</i> Zip Code <i>33020</i>	

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: *Gina* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVADIA, GINETTA			NAME			
STREET ADDRESS	210-174 STREET, #1901			STREET ADDRESS	<i>3700 North 29 Avenue, #102</i>		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			CITY-ST-ZIP	<i>Hollywood, FL 33020</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR