


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90006 014 ***150.00

DOCUMENT # P94000046050	
1. Entity Name FLAG DOWN CORPORATION	

Principal Place of Business 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146
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2. Principal Place of Business 866 S. Dixie Highway Suite, Apt. #, etc.	3. Mailing Address 866 S. Dixie Highway Suite, Apt. #, etc.
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City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146	Country USA

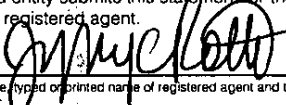


01312006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0160419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROTH, JEFFREY 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 866 S. Dixie Highway City Coral Gables FL 33146
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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.

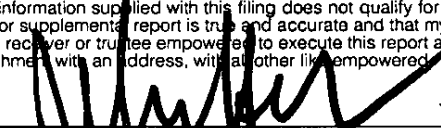
SIGNATURE:  DATE: **1/31/06**

Signature (typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	D ABAD, ALBA 1500 SAN REMO AVE SUITE 176 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	866 S. Dixie Highway Coral Gables, FL 33146 <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 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:  **JOHN HERBERICH** 2/6/06 954 799111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone