

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90201 037 ***150.00

DOCUMENT # P94000081147 1. Entity Name SEGAL, INC.					
Principal Place of Business 6825 SW 21ST CT UNIT 2 DAVIE, FL 33317 US			Mailing Address 6825 SW 21ST CT UNIT 2 DAVIE, FL 33317 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEGAL, MARC 6825 SW 21ST CT UNIT 2 DAVIE, FL 33317				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGAL, DEREK		NAME		
STREET ADDRESS	6825 SW 21ST CT -UNIT 2		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGAL, ARNOLD		NAME		
STREET ADDRESS	6825 SW 21ST CT -UNIT 2		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGAL, MARC		NAME	SEGAL, MARC	
STREET ADDRESS	6825 SW 21ST CT -UNIT 2		STREET ADDRESS	6825 SW 21 CT - Unit 2	
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP	DAVIE, FL 33317	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MARCIA SEGAL	
STREET ADDRESS			STREET ADDRESS	6825 SW 21 CT - Unit 2	
CITY-ST-ZIP			CITY-ST-ZIP	DAVIE FL 33317	
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 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: _____			4-25-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		