

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000092431

1. Entity Name

DISCRETION CONCOURSE MTG. CORP.



Principal Place of Business

960 ARTHUR GODFREY ROAD  
SUITE 116  
MIAMI BEACH, FL 33140

Mailing Address

960 ARTHUR GODFREY ROAD  
SUITE 116  
MIAMI BEACH, FL 33140



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0579235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FRANKEL, JUDITH A  
960 ARTHUR GODFREY ROAD  
SUITE 116  
MIAMI BEACH, FL 33140

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE D  
NAME FRANKEL, JUDITH  
STREET ADDRESS 960 ARTHUR GODFREY RD STE 116  
CITY-ST-ZIP MIAMI BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/18/06-80021-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-06 305-674-1323