

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000019691

1. Entity Name

PLANTATION TOWNE SQUARE, INC.



Principal Place of Business

1655 DREXEL AVE SUITE 208
MIAMI BEACH, FL 33139

Mailing Address

1655 DREXEL AVE SUITE 208
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0565666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, MORRIS
1655 DREXEL AVE SUITE 208
MIAMI BEACH, FL 33139

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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 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

TITLE PD
NAME RAPPORT, MORRIS
STREET ADDRESS 1655 DREXEL AVE SUITE 208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE T
NAME RAPPORT, SUSY
STREET ADDRESS 1655 DREXEL AVE SUITE 208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VSD
NAME ROSENBERG, JEFFREY
STREET ADDRESS 1655 DREXEL AVE SUITE 208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME RAPPORT, ROBERT
STREET ADDRESS 1655 DREXEL AVE STE 208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME LILLIAN, ROSENBERG
STREET ADDRESS 1655 DREXTEL AVE STE 208
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000554104
05/15/06-80078-019 158.75

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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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #