2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

				3
DOCUMENT # P95000041051 1. Entity Name				Feb 27, 2006 08:00 AM Secretary of State
HONEY P	ROPERTIES, INC.			
Principal Place of Business		Mailing Address		
1720 HARRISON STREET 7TH FLOOR HOLLYWOOD FL 33020		1720 HARRISON STREET 7TH FLOOR HOLLYWOOD FL 33020		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE
City & State		City & State		4. FEI Number 65-0593747 Applied For Not Applicat
Zìp	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
CHIKOVSKY, FRED				
1720 HARRISON STREET 7TH FLOOR		-	Street Address	(P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33020		=	{	
•		City	FL Zip Code	
the obligat SIGNATURE	Signature, typed or prefet here of registered agent. **ILE NOW!!! FEE IS \$150.00	and title if applicable (NOTE: Re	gistered Office or registe	or when reinstating) DATE 8. Election Campaign Financing \$5.00 May E
	May 1, 2006 Fee Will Be \$550.00 Revable to Florida Department of			Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST- AP	PTD CHIKOVSKY, FRED 1720 HARRISON ST 7TH FL HOLLYWOOD FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ ACC U000000448351 03/03/06-80011-003 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP	S DIAMOND, CAROLE 1720 HARRISON ST, 7TH FLOOR HOLLYWOOD FL 33020	☐ Delete	TITLE NAME STREET ACCRESS CITY-ST-ZIP	☐ Change ☐ A469
Title Name Street Address City-St-Zip		☐ Detete	TILLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addini
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIBLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add®
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Certete Certete	TITLE NAME SIREEI ADDRESS CITY-SI-ZIP	☐ Change ☐ Adams
TITLE NAME STRELF ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ada:::

FILED

12. I hereby certify that the information supplied with this filing does not quality 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 allachment with an address, with all other like empowered. 20/06 954-920-44

SIGNATURE