

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000046391	
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Principal Place of Business 4021 N. CYPRESS DRIVE POMPANO BEACH, FL 33069	Mailing Address 4021 N. CYPRESS DRIVE POMPANO BEACH, FL 33069
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04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0592947	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENSEN, JOHN B
4021 N. CYPRESS DRIVE
POMPANO BEACH, FL 33069

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

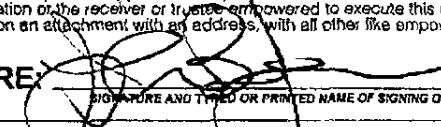
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000507612 04/27/06-80070-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS XAVIER, JERONIMO 4021 N CYPRESS DRIVE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT JENSEN, JOHN 4021 N CYPRESS DRIVE POMPANO BEACH, FL 33069
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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 R. JENSEN** **4-12-06**

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