


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90231 044 ***150.00

DOCUMENT # P95000047502	
1. Entity Name 2500 HALLANDALE BUILDING, INC.	

Principal Place of Business 2500 E. HALLANDALE BEACH BLVD. SUITE 707 HALLANDALE, FL 33009	Mailing Address 2500 E. HALLANDALE BEACH BLVD. SUITE 707 HALLANDALE, FL 33179 US
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2. Principal Place of Business 1851 NW 125 Avenue	3. Mailing Address
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Pembroke Pines FL	City & State
Zip 33028	Country USA



04172006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0594583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEGALL, SANDY S 2500 E. HALLANDALE BEACH BLVD. STE 800 HALLANDALE, FL 33009	7. Name and Address of New Registered Agent Name: Segall, Sandy S. Street Address (P.O. Box Number is Not Acceptable): 1851 NW 125 Avenue Suite 300 City: Pembroke Pines FL Zip Code: 33028
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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] DATE: 4/24/06

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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEGALL, PAT E 2135 NE 197 TERR MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEGALL, JUDY R 2135 NE 197 TERR MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 4/24/06 DAYTIME PHONE #: 954-447-7775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR