2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P95000061526** 04-26-2006 90205 005 ***150.00 KNECHT, KNECHT & ASSOCIATES, P.A. Pipel Place of Business PONE DE LEON BLVD Pamb Address **Αυυουνι**η 2217 PONE DE LEON BLVD SUITE 3021 CORAL GABLES, FL 33134 **SUITE 3024** CORAL GABLES, FL 33134 US 3. Mailing Address 2. Principal Place of Business 901 Vonce de. Suite, Apt. #, etc. CR2E034 (11/05) 01192006 Chg-P 4 FEL Number Applied For 65-0604044 Not Applicable Country S \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNECHT, HAROLD C JR Street Address (P.O. Box Number is Not Acceptable) 2244-PONE DE LEON BLVD SUITE 902. 304 CORAL GABLES, FL 33134 City Zip Code 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 OTE: Registered Agent signature required when reinstating) ampaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **Change** ☐ Addition TITLE TITLE Delete Knocht Stephen 901 Ponce de Leon Bluel # 304 KNECHT, STEPHEN NAME NAME STREET ADDRESS PONCE DE LEON BLVD., STE 300 STREET ADDRESS cord Gables FL 33134 CORAL GABLES, FL 33134 CITY - ST - ZIP CITY - ST - ZIP Change Addition Delete TITLE TITLE Knecht Harold C. Jr. 901 Pohæde Leon BIVA Coral Gables FL 33134 KNECHT, HAROLD C JR. NAME NAME PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

address, with all other like empowered.

changed, or on an attachment with a

SIGNATURE:

FILED