

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 030 ***150.00

DOCUMENT # P95000069251

1. Entity Name
YAACOV HELLER INC.



Principal Place of Business
**1591 N POWERLINE RD
POMPANO BEACH, FL 33069**

Mailing Address
**1591 N POWERLINE ROAD
POMPANO BEACH, FL 33069 US**

50003721



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03012006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
65-0612708

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELLER, YAACOV
2900 W SAMPLE ROAD STORE #K4111
POMPANO BEACH, FL 33073**

Name
HELLER YAACOV

Street Address (P.O. Box Number is Not Acceptable)
1591 N POWERLINE ROAD

City **POMPANO BEACH** FL Zip Code **33069**

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

3/16/06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HELLER, YAACOV
2900 W SAMPLE ROAD STORE #K4111
POMPANO BEACH, FL 33073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**1591 N POWERLINE RD
POMPANO BEACH FL 33069**

TITLE
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

954 274 2235

Daytime Phone #