2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90017 041 ***150.00

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1. Entity Name
MB LEVY CORP.

60020284

01092006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1287 WEST ATLANTIC BLVD. C/O GREAT AMERICAN FARMS POMPANO BEACH, FL 33069	1287 WEST ATLANTIC BLVD. C/O GREAT AMERICAN FARMS POMPANO BEACH, FL 33069

2. Principal Place of Business		3. Mailing Address	
1255 W. Atlantic Blvd		1255 W. Atlantic Blvd	
Suite, Apt. #, etc.: Suite 218		Suite, Apt. #, etc.: Suite 218	
City & State: Pompano Bch, Fl		City & State: Pompano Bch	
Zip: 33069	Country: USA	Zip: 33069	Country: USA

4. FEI Number: 65-0616963 ☐ 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
LEVY, ALAN J 1287 WEST ATLANTIC BLVD. C/O GREAT AMERICAN FARMS POMPANO BEACH, FL 33069	Name: Street Address (P.O. Box Number is Not Acceptable): 1255 W. Atlantic Blvd Suite 218 City: Pompano Bch 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

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	PSTD LEVY, ALAN J 1287 WEST ATLANTIC BLVD. POMPANO BEACH, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1255 W. Atlantic Blvd Suite 218, Pompano Bch, Fl 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] Pres 1/30/06 954-785-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan J. Levy