

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 007 ***158.75

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1. Entity Name
RUSS TODD SALES ASSOCIATES, INC.



Principal Place of Business
175 FIESTA WAY
FT. LAUDERDALE, FL 33301 US

Mailing Address
11380 PROPERTY FARMS RD
SUITE 112
PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business
6801 NW 15th WAY

3. Mailing Address
6801 NW 15th WAY

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE F

Zip
33309

Country
US

City & State
FORT LAUDERDALE FL

Zip
33309

Country
US

04272006 Chg-P CR2E034 (11/05)

4. FEI Number
58-2195601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TODD, GEORGE R
175 FIESTA WAY
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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: *George R. Todd*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/06

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

TITLE D ☐ Delete
NAME TODD, GEORGE R
STREET ADDRESS 175 FIESTA WAY
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE D ☐ Delete
NAME TODD, JUDITH
STREET ADDRESS 175 FIESTA WAY
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JUDITH TODD* JUDITH TODD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 800 733 2505

Date

Daytime Phone *