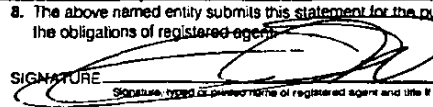


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90156 015 ***150.00

DOCUMENT # P96000049286 1. Entity Name SHAPOVALOV & BORETH, P.A.			
Principal Place of Business 16300 NE 19TH AVE 250 NORTH MIAMI BEACH, FL 33162 US		Mailing Address 16300 NE 19TH AVE SUITE 250 NORTH MIAMI BEACH, FL 33162 US	
2. Principal Place of Business 400 SE 12th St Suite, Apt. #, etc. Bldg C City & State FT. LAUDERDALE FL Zip 33316 Country USA		3. Mailing Address 400 SE 12th Street Suite, Apt. #, etc. Bldg C City & State FT. LAUDERDALE FL Zip 33316 Country USA	
4. FEI Number 65-0670606		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPOVALOV, INNA 16300 NE 19TH AVE SUITE 250 N MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Inna Shapovalov Street Address (P.O. Box Number is Not Acceptable) 400 SE 12th St Building C City FT. LAUDERDALE FL Zip Code 33316	
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 is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 4/27/06	
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 PSD ☐ Delete NAME SHAPOVALOV, INNA STREET ADDRESS 16300 NE 19TH AVE, STE 200 CITY - ST - ZIP 400 SE 12th ST #C NORTH MIAMI BEACH, FL FT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE VP ☐ Delete NAME BORETH, EDWARD STREET ADDRESS 16300 NE 19TH AVE, STE 250 CITY - ST - ZIP 400 SE 12th St #C FT LAUDERDALE NORTH MIAMI BEACH, FL 33162 FL 33316	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/27/06 DAYTIME PHONE # 954 522 4115	

66018474



04272006 Chg-P CR2E034 (11/05)