


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-02-2006 90205 024 \*\*\*150.00

**DOCUMENT # P96000073296**

1. Entity Name  
**NORTH 29 CORPORATION**



Principal Place of Business      Mailing Address

1401 UNIVERSITY DRIVE      1401 UNIVERSITY DRIVE  
 SUITE 200      SUITE 200  
 CORAL SPRINGS, FL 33071      CORAL SPRINGS, FL 33071

2. Principal Place of Business      3. Mailing Address

1600 Sawgrass Corp Pkwy      1600 Sawgrass Corp Pkwy


Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite 300      Suite 300

City & State      City & State

Sunrise, FL      Sunrise, FL

Zip      Country      Zip      Country

33323      USA      33323      USA



04032006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

65-0703896      Not Applicable

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

**6. Name and Address of Current Registered Agent**

GRANT, MARK F  
 200 EAST BROWARD BOULEVARD  
 15TH FLOOR  
 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 \_\_\_\_\_ (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

*SEE ATTACHED*

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EZRATTI, ITZHAK			NAME	EZRATTI, ITZHAK		
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	VAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANT, ALAN			NAME	FANT, ALAN J.		
STREET ADDRESS	1401 UNIVERSITY DR, SUITE 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	✓	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTELLO, RICHARD			NAME	COSTELLO, RICHARD A.		
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	V	<input type="checkbox"/> Delete		TITLE	✓	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORWALK, RICHARD			NAME	NORWALK, RICHARD M.		
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORBAN, PAUL			NAME	CORBAN, PAUL		
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	V	<input type="checkbox"/> Delete		TITLE	✓	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELMAN, STEVEN M			NAME	MENENDEZ, N. MARIA		
STREET ADDRESS	1401 UNIVERSITY DR SUITE 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		

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:** *N. Maria Menendez*      N. MARIA MENENDEZ, VICE PRESIDENT      4/28/06      954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

