2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILEU DOCUMENT # P97000000834 SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ALL GOLF EQUIPMENT REPAIR CORP. 06 MAY 19 AM 9: 37 Principal Place of Business Mailing Address 6401 KENDALE LAKES DR C/O FRED K LICKSTEIN, FOWLER WHITE ET AL MIAMI, FL 33183 US 100 SE 2ND ST 17TH FLOOR MIAMI, FL 33131 US No Chg-P 04242006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0733596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LICKSTEIN, FRED K DO NOT WRITE **ESPIRITO SANTO PLAZA** 1395 BRICKELL AVENUE 14TH FLOOR IN THIS SPACE MIAMI, FL 33131 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 alignature required when reinstating) \$5.00 May 200075382000 Added to Ebby 26/06--01052--013 **650.00 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WEISS, RICHARD M NAME 9050 SW 69 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 supplied mental 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 attact/ment_write an address, with all other.like empowered.

SIGNATURE:

NAME
STREET ADDRESS
GTY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CTY-ST-ZIP

Charles M. Diveto, Jr., CPA, PA 7425 N.W. 4th Street

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