## **2006 FOR PROFIT CORPORATION**

## Feb 27, 2006 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P97000002412 02-27-2006 90083 027 \*\*\*150.00 FREDRIK S. LIPPMAN, C.P.A., P.A. quumor-Principal Place of Business Mailing Address 3325 HOLLYWOOD BLVD. 3325 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 Principal Place of Business 7705 Navie 9105 12016 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01172006 Chg-P 4. FEI Number Applied For 65-0729403 Not Applicable COUNTRY COURT \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIPPMAN, FREDRIK S 3325 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Change ☐ Addition ☐ Delete TITLE LIPPMAN, FREDRIK S NAME NAME 3325 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete · Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7:P CITY-ST-ZIP Change ---Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 apaciment with artiaditiast, withjall other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP \*

FILED