## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 21, 2006 8:00 am Secretary of State DOCUMENT # P97000003180 03-21-2006 90022 026 \*\*\*150.00 LAURA GUZMAN CHENEY, P.A. Principal Place of Business Mailing Address 1976 WATER RIDGE DR. 1976 WATER RIDGE DR. FORT LAUDERDALE, FL 33326 FORT LAUDERDALE, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0720249 Not Applicable Zip Country \$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 STRAUS, ARNOLD M JR. Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON ROAD SUITE 314 WESTON, FL 33326 City 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. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ÞΝ TITLE ☐ Delete TOTALE Change Aura Chenex CHENEY, LAURA NAME NAME 1976 WATER Ridge Dr. Weston, FL 33316 STREET ADDRESS 1990 LANDING WAY STREET ADDRESS CITY-ST-7/P FORT LAUDERDALE, FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME CHENEY, LAURA NAME -AUTA STREET ADDRESS 1990 LANDING WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL CITY-ST-ZIP ☐ Delete TITLE Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered. 508 SIGNATURE:

**FILED**