

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90190 022 \*\*\*150.00

40066605



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0079163 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

BILOWICH, MARTIN  
1505 NORTHWEST 167TH STREET  
450  
MIAMI, FL 33169

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
801 E. HALLANDALE BEACH BLVD.  
SUITE 200  
City HALLANDALE FL Zip Code 33009

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 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

## 10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KEARNEY, KRISTIN	
STREET ADDRESS	1505 NORTHWEST 167TH STREET	
CITY - ST - ZIP	MIAMI, FL 33169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BILOWICH, MARTIN	
STREET ADDRESS	1505 NORTHWEST 167TH STREET	
CITY - ST - ZIP	MIAMI, FL 33169	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WILHELM, CHARLES MD	
STREET ADDRESS	1505 NW 167 STREET SUITE 450	
CITY - ST - ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD, SUITE 200	
CITY - ST - ZIP	HALLANDALE, FL 33009	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD, SUITE 200	
CITY - ST - ZIP	HALLANDALE, FL 33009	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD, SUITE 200	
CITY - ST - ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

*Martin Bilowich* MARTIN BILOWICH

4/26/06

305/614.0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #