2006 FOR PROFIT CORPORATION

FILED Jan 27, 2006 8:00 am Secretary of State

| _ | ANNUAL | REPURI | | | 5 | ci cia | i y Ui | Sta | i.c | |
|--|--|--------------------------------|-------------------------------|--|----------------|-----------------------|------------------------------------|---|--------------|--|
| DOCUMENT # P97000036098 1. Entity Name | | | | | 0 | 1-27-2006 90 | 031 050 | ***150.0 |)() | |
| | AN FINANCIAL CAPITAL SE | | | | | | | | | |
| Principal Place | a of Business | Mailing Address | | | | שטט | /U I U ~ | · | | |
| 2699 STIRLI | | 2699 STIRLING RD | | | | | | | | |
| B-303 | NO KD | B-303 | | | | | | | | |
| FORT LAUDE | RDALE, FL 33312 | FORT LAUDERDALE, FL | 33312 | Ì | | | ((63/66 1111 5 3111 | | 1884 IL 1886 | |
| | | | | | | | | | | |
| 102, Ti | lace of Business | 3. Mailing Address | Dinne | On | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | VIARY | 712 | | a. 5 | 000000 | 4 (44 (05) | | |
| 301 | TE 228 | SUITE 20 | 28 - | 01 | 1192006 | Chg-P | CR2E03 | 4 (11/05) | | |
| City & State | e . | City & State | -, | | FEI Number | | | | plied For | |
| MAM | 1,7 | MIHMI, F | | | 65-0746 | 405 | | | t Applicable | |
| ペタス/ニ | 1.9 Country | 33179 | Country | 5. | Certificate of | f Status Desired | | 8.75 Addi ee Required | | |
| 700 | 6. Name and Address of Current R | egistered Agent | | 7. 1 | Name and A | ddress of New R | | <u> </u> | | |
| | | | | Name | | | | | | |
| COMPLIANCE CONSULTING CORP OF FLORIDA 1013 LUCERNE AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 201 LAKE WORTH, FL 33460 | | | | | · | | | | | |
| | | | | | | | FI | Zip Code | • | |
| City The above named entity submits this statement for the purpose of changing its registered office. | | | | | | | | <u> </u> | | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its re | egistered office or | registered aç | gent, or both | , in the State of Fig | irida. I am ta | ımtlar with, a | and accept | |
| !तुँद्धि | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FIL | E NOW!!! FEE IS \$150.00 | n Financing | \$5.00 | May Be | | | | | | |
| | ay 1, 2006 Fee will be \$550.0 | Trust Fund Contrit | oution. | Added to | Fees | | | | | |
| 10. | OFFICERS AND C | DIRECTORS | 11. | A[| DDITIONS/C | HANGES TO OFF | ICERS AND | DIRECTORS | 3 IN 11 | |
| TITLE | PSD | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | KAHN, MORRIS | | NAME | | | | 01 1 | 5,1,70 | - 220 | |
| STREET ADDRESS CITY-ST-ZIP | 2699 STIRLING ROAD, STE B303 | 3 | STREET ADDRESS CITY-ST-ZIP | 1031] | VES | DIARY FL 3. | KO | <i>אווע</i> | ~~ | |
| | FORT LAUDERDALE, FL 33312 | | | NIA | MI, | FL 3 | <u> 2/77</u> | Change | Addition | |
| TITLE NAME | KAHN, AUDREY | ☐ Delete | TITLE NAME | | | ~ | | | _ | |
| STREET ADDRESS | 2699 STIRLING ROAD, STE B303 | 3 | STREET ADDRESS | 1021 | TUES | DIAR | 480 | -301 | TE 228 | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 | | CITY-ST-ZIP | KILA | 1111 - | F2 33 | 3179 | } | • | |
| TITLE | VD | ☐ Delete | TITLE | / - // - / | | | | Change | Addition | |
| NAME | KOLARICK, CHARLES | | NAME | | | DIAR | 1101 | . Cm | 27/2 7 3 | |
| STREET ADDRESS CITY-ST-ZIP | 2699 STIRLING ROAD, STE B303 | 3 | STREET ADDRESS CITY-ST-ZIP | 1031 | 1VE | | 1/2 | | 1624 | |
| | FORT LAUDERDALE, FL 33312 | | | MIA | M, | FZ 3 | 2177 | ☐ Change | ☐ Addition | |
| NAME | | ☐ Delete | TITLE NAME | | | | | U Change | Austroit | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | 1 | | CITY-ST-ZIP | | | _ | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | | | |
| STREET ADDRESS | | | STREET ADORESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | Change | Addition | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |

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 of 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 redeiver or trustee empowered to execute his 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 sinpowered.

STREET ADDRESS CITY-SI-ZIP

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP

Daytime Phone #