2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

Service Principal Place of Business	DOCUMENT # P97000042184					Secretary of State			
3429 GALT OCEAN DR	1. Entity Name			,		05-01-2006 90388 032 ***150.00			
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City FL Zip Code City City City FL Zip Code City City FL Zip Code City City City City City FL Zip Code City	City & State							⊢	· · · · · · · · · · · · · · · · · · ·
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FISHER ANDRAL 3429 GALT OCEAN DR ITHE NAME SIRER ANDRAL SIRER ANDRAS S		6. Name and Address of Current I	Registered Agent						
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am (armilliar with, and accept the obligations of registered agent. SIGNATURE Systemue, typical or philed name of inequired agent and like? # acpticable. (NOTE: Registered Agent, or both, in the State of Florida. I am (armilliar with, and accept the obligations of registered agent.				-					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	FORT LAU	DERDALE, FL 33308							
SIGNATURE Signature Type Signature					City Zip Code				
Signature. Typical or printed name of registered agent and tile if a solicable. INDITE Print and in granuare required when remarkancy in evaluation (in most in the second of the second			the purpose of changing its r	registered	d office or registe	ered agent, or bo	th, in the State of Ff	forida. I am familiar with	, and accept
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After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Addad to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST FISHER, SANDRAL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE:	Registered	Agent signature require	ed when reinstating)		DATE	
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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	12. Inereby o	certify that the information supplied with	this tiling does not qualify for	the exer	nptions containe	a in Chapter 11	J. Florida Statutes.	I further certify that the	intermation

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.