


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90211 045 \*\*\*158.75

<b>DOCUMENT # P97000051658</b> 1. Entity Name <b>105 CLARENDON CORP.</b>			
Principal Place of Business <b>18679 S.E. FEDERAL HWY</b> <b>TEQUESTA, FL 33469</b>		Mailing Address <b>18679 S.E. FEDERAL HWY</b> <b>TEQUESTA, FL 33469</b>	
2. Principal Place of Business <b>18745 SE Federal Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>18745 SE Federal Hwy</b> Suite, Apt. #, etc.	
City & State <b>Tequesta FL</b> Zip <b>33469</b> Country		City & State <b>Tequesta FL</b> Zip <b>33469</b> Country	
4. FEI Number <b>65-0761434</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RUBENFELD, DAREN ESQ</b> <del>18679 S.E. FEDERAL HWY</del> <b>18745 SE Federal Hwy</b> <b>TEQUESTA, FL 33469</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MILLER, ROBERT L</b> <b>18679 S.E. FEDERAL HWY</b> <b>TEQUESTA, FL 33469</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18745 SE Federal Hwy</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RUBENFELD, DAREN</b> <b>18769 SE FEDERAL HWY</b> <b>TEQUESTA, FL 33469</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18745 SE Federal Hwy</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Daren Rubenfeld</b> Date <b>4/25/06</b> Daytime Phone # <b>561-743-0014</b>	

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