

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90196 043 ***150.00

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DOCUMENT # P97000062005 1. Entity Name PLANTATION OFFICE PARK II, INC.					
Principal Place of Business 4350 WEST SUNRISE BLVD SUITE 119-D PLANTATION, FL 33313 US			Mailing Address 4350 WEST SUNRISE BLVD SUITE 119-D PLANTATION, FL 33313 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <u>4350 W. SUNRISE BLVD</u> <u>SUITE 122</u> <u>PLANTATION, FL</u> Zip Country <u>33313</u> <u>US</u>			
4. FEI Number 65-0817543			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04262006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent TEPPS, JEROME L 2700 W. CYPRESS CREEK ROAD SUITE D-130 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name <u>TEPPS, JEROME L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2787 E. OAKLAND PARK, BLDG. # 202</u> City State Zip Code <u>FORT LAUDERDALE</u> <u>FL</u> <u>33306</u>		
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 reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHUMAN, PHILLIP R 4350 WEST SUNRISE BLVD. #119D PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIELDS, WILLIAM B JR 4350 W SUNRISE BLVD #119D PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>PR SCHUMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone # <u>4 27 06</u> <u>954-316-2151</u>		