


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90256 031 \*\*\*150.00

<b>DOCUMENT # P97000064375</b> 1. Entity Name SOUTH FLORIDA STRIP-TEES, INC.					
Principal Place of Business 1740 NW 22ND COURT BAY A POMPANO BEACH, FL 33063			Mailing Address 1740 NW 22ND COURT BAY A POMPANO BEACH, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0774135	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  JASON MARC ARTMAN CPA PA 1901 S CONGRESS AVE STE 118 BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name <u>Robert Freeman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1740 NW 22nd Ct</u> City <u>Pompano Beach</u> <u>FL</u> Zip Code <u>33063</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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/12/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</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</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
NAME	FREEMAN, ROBERT J		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
STREET ADDRESS	1740 NW 22ND COURT		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
CITY-ST-ZIP	POMPANO BEACH, FL 33063		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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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: [Signature]