

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90009 013 \*\*\*158.75

**DOCUMENT # P97000075232**

1. Entity Name

**MOTHER & DAUGHTERS REAL ESTATE, INC.**



Principal Place of Business

% SHARON WRONO, TRUSTEE  
21150 POINT PLACE, #2406  
AVENTURA FL 33180

Mailing Address

% SHARON WRONO, TRUSTEE  
21150 POINT PLACE, #2406  
AVENTURA FL 33180



2. Principal Place of Business

**79 Cayman Place**  
Suite, Apt. #, etc.

3. Mailing Address

**79 Cayman Place**  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**Palm Beach Gardens FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**65-0778064**

Applied For

Not Applicable

Zip

**33418**

Country

Zip

**33418**

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WRONO, SHARON**  
21150 POINT PLACE, #2406  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**79 CAYMAN PLACE**

City

**Palm Beach Gardens**

FL

Zip Code

**33418**

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

*Sharon Wrono*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-22-06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WRONO, SHARON	
STREET ADDRESS	21150 POINT PLACE #2406	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE	D	<input type="checkbox"/> Delete
NAME	GARNER, JENNIFER	
STREET ADDRESS	21150 POINT PLACE #2406	
CITY-ST-ZIP	AVENTURA FL 33180	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>79 Cayman Place</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>79 Cayman Place</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sharon Wrono Sharon Wrono*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-06 561-775-7799**

Date

Daytime Phone #