


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90159 019 \*\*\*150.00

**DOCUMENT # P97000087566**

1. Entity Name  
**97-34 AGENTS, INC.**



Principal Place of Business  
**TWO SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131**

Mailing Address  
**TWO SOUTH BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131**

**50009408**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

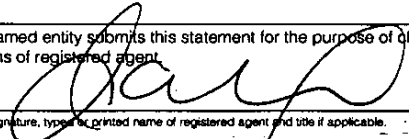
3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**VALDES-FAULI CORPORATE SERVICES, INC.  
 TWO SOUTH BISCAYNE BLVD SUITE 3400  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**GY Corporate Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2 S. Biscayne Blvd., Suite 3400**  
 City  
**Miami FL** Zip Code  
**33131**

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  **Mark J. Scheer, President** DATE **3/21/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | DP                               | <input type="checkbox"/> Delete |
| NAME           | SCHEER, MARK                     |                                 |
| STREET ADDRESS | 2 S. BISCAY BLVD., STE 500 E.    |                                 |
| CITY-ST-ZIP    | MIAMI, FL 34001                  |                                 |
| TITLE          | VP                               | <input type="checkbox"/> Delete |
| NAME           | HART, KENNETH M                  |                                 |
| STREET ADDRESS | 777 S. FLAGLER DR., SUITE 500 E  |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33401        |                                 |
| TITLE          | VP                               | <input type="checkbox"/> Delete |
| NAME           | PRESS, MARTIN                    |                                 |
| STREET ADDRESS | 500 E. BROWARD BLVD., SUITE 1400 |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33394        |                                 |
| 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 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 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:  DATE: **3/21/06** DAYTIME PHONE #: **305-376-4181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR