
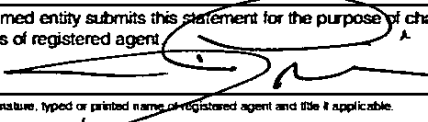
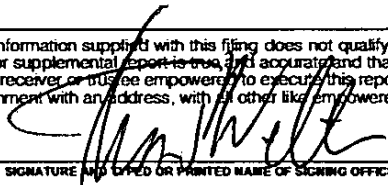


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 038 ***150.00

DOCUMENT # P97000099880 1. Entity Name 2765 SOUTH CORP.																							
Principal Place of Business 883 NE DIXIE HWY #7 JENSEN BEACH, FL 34957			Mailing Address PO BOX 2070 STUART, FL 34996																				
2. Principal Place of Business 2755 SE Federal Hwy Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Stuart, FL		City & State		4. FEI Number 65-0803058																			
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent RIFKIN, AVRON C 800 S.E. MONTEREY COMMONS BLVD., STE. 200 STUART, FL 34996				7. Name and Address of New Registered Agent Name AVRON C. RIFKIN Street Address (P.O. Box Number is not Acceptable) 100 SE PELICAN DRIVE City STUART FL 34996-1217																			
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  AVRON C. RIFKIN 3/27/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PVST WILLETT, THOMAS P</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>883 NE DIXIE HWY #7F JENSEN BEACH, FL 34957</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	PVST WILLETT, THOMAS P		CITY-ST-ZIP	883 NE DIXIE HWY #7F JENSEN BEACH, FL 34957		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 2070</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Stuart, FL 34996</td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	P.O. Box 2070		CITY-ST-ZIP	Stuart, FL 34996	
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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: 			3/27/2006 772-220-3600 <small>Date Daytime Phone #</small>																				