

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000100403

1. Entity Name
EHRlich ENTERPRISES, INC.



Principal Place of Business
**5763 NORTHWEST 120 AVENUE
CORAL SPRINGS, FL 33076 US**

Mailing Address
**5763 NORTHWEST 120 AVENUE
CORAL SPRINGS, FL 33076 US**



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800606	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EHRlich, DEAN
5763 NORTHWEST 120 AVENUE
CORAL SPRINGS, FL 33076**

**DO NOT WRITE
IN THIS SPACE**

6. 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**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

000000401511
02/02/06 80048-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EHRlich, BARBARA
STREET ADDRESS	12200 NORTHWEST 77 MANOR
CITY-ST-ZIP	PARKLAND, FL 33076

TITLE	D
NAME	EHRlich, DEAN
STREET ADDRESS	5763 NORTHWEST 120 AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or without like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06 954 753-4811

Date

Daytime Phone #