2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P97000102247** 04-24-2006 90425 035 ***150.00 1. Entity Name KLUGER FAMILY CORPORATION Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 3000 SUITE 3000** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 6600 NW 74 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 CR2E034 (11/05) City & State City & State 4. FÉI Number Applied For Miami, 65-0812205 Not Applicable 33166 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 3000** MIAMI, FL 33131 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP Delete TITLE ☐ Change X Addition Jeffrey Kluger KLUGER HAROLD NAME NAME STREET ADDRESS 1000 VENETIAN WAY, #1101 STREET ADDRESS 6600 NW 74 Avenue CITY-ST-ZIP MIAMI, FL 33139 CITY-ST-ZIP <u>Miami, FL 33166</u> K Delete **DVPS** TITLE TITLE Addition ☐ Change KLUGER, ELEANOR NAME NAME Gary Kluger STREET ADDRESS 1000 VENETIAN WAY # 1101 STREET ADDRESS 6600 NW 74 Avenue CITY-ST-7iP MIAMI, FL 33139 CITY - ST - 7IP Miami, FL 33166 TITLE ☐ Change TITLE ☐ Delete X Addition NAME NAME Jennifer Kluger 6600 NW 74 Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami. FL 33166 TITLE ☐ Delete TITLE Channe noitibba NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED