2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000023900

1. Entity Name
RADIO OF VERO, INC.

Principal Place of Business	Mailing Address
2255 GLADES RD. SUITE 221A BOCA RATON, FL 33431	2255 GLADES RD. SUITE 221A BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0833832
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBENSTEIN, MITCHELL
2255 GLADES RD, 221
BOCA RATON, FL 33431

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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 _____ DATE
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	PSD
NAME	SILVERS, LAURIE S
STREET ADDRESS	2255 GLADES RD, # 221
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	TDCE
NAME	RUBENSTEIN, MITCHELL
STREET ADDRESS	2255 GLADES RD, # 221
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	EVP
NAME	WEISS, HOWARD
STREET ADDRESS	2255 GLADES RD, #237W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	EVP
NAME	MCALLAN, ROBERT
STREET ADDRESS	2255 GLADES RD, #237W
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80037-018 150.00

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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: _____ Jim Davis 3/22/06 7725270937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #