2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 12, 2006 8:00 am Secretary of State

JAN 10, 2006 954 423 2562

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| DOCUI 1. Entity Nam JAY M. KI | | | પૃ ઇ ઇ | ∪ <u>.</u> - | 0 20120 0. | J4 130 | 7.00 | | |
| Principal Place of Business Mailing Address | | | | | | | | | |
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| 601 S. OCEAN DRIVE HOLLYWOOD, FL 33019 | | HOLLYWOOD, FL 33019 | 601 S. OCEAN DRIVE | | -, | | | | |
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| 2. Principal P | tace of Business WORTHWEST 82 nd Avi | | | | | | | | |
| Suite, Apt. #, etc. SUITE 415 | | Suite, Apt. #, etc. SUITE H / 5 | | | 01102006 | Chg-P | CR2E0 | 34 (11/05) | |
| PLANTATION, FLORIDA | | PLANTATION, FLORID | | 7 4 | 4. FEI Numbe 65-0826 | | | <u> </u> | plied For t Applicable |
| zip 3333 | 24 Country SA | ^{Zip} 33324 | Country USA | | 5. Certificate | of Status Desired | d | \$8.75 Add Fee Required | |
| - 5 | 6. Name and Address of Current | | | | 7. Name and | Address of Nev | Registered / | Agent | |
| | | | Name | TAY | ~ V11 | TONE | R | | |
| 7121121121111 | | | | ddress (| P.O. Box Number | rie Not Accents | hla) | | |
| 601 S. OCEAN DR HOLLYWOOD, FL 33019 | | | 300 | NORT | HWEST | 89/ <u>W</u> q | "AVE | | |
| HOLLTWOOD, FE 33019 | | | SULT | | 110 | | | | |
| | | | City | | 112 | | | Zin Code | |
| | | | | | ation. | | FL | 133 | 324 |
| 8. The above | named entity submits this statement fo | r the purpose of changing its re | gistered office o | r register | ed agent, or bot | n, in the State of | Florida. I am | familiar with, | and accept |
| the obligat | ions of registered agent. | | 22-2 | | | n | | _ | , |
| SIGNATURE | Signature (typed or printed name of registered agent a | TAY KITZWER Ind title if applicable. (NOTE: R | - PRES | | VIRECTO | | JAN 10 | 2,200. | <u>6</u> |
| | | | | | T | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution | | | | | OO May Be ed to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS/ | CHANGES TO C | FFICERS AND | DIRECTORS | IN 11 |
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| NAME | KLITZNER, JAY M | | NAME | Kir | | ECT 82 | nd AVE | SUITE | 415 |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with on this report or supplemental report is | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | contained | in Chapter 119 | Florida Statute | s. I further cen | | |