

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

EPDVNF0U\$ P98000045765

2/ Entity Name  
LION OF ODESSA, INC.



Principal Place of Business  
10326 BUENA VENTURA DRIVE  
BOCA RATON, FL 33498-6710

Mailing Address  
10326 BUENA VENTURA DRIVE  
BOCA RATON, FL 33498-6710



04062006 OpID1 h.Q DS3F1451/22016\*

EP OPU X SJF JO UI JT TQBDF

5/ FEI Number  
65-0837544

Applied For  
Not Applicable

6/ Certificate of Status Desired ☐ 98/86 Beejpoobm  
G11ST1 vj# 6

7/ On f bociBee f t t p g Dvaf ouSf hjt q f a f B h f ou

FREEDMAN, RICHARD L  
2101 WEST COMMERCIAL BLVD.  
SUITE #5400  
FT. LAUDERDALE, FL 33309

EP OPU X SJF!  
JO UI JT TQBDF

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

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

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9/ Election Campaign Financing  
Trust Fund Contribution. ☐

98/11 NbzCY I  
Bee f o p l G f f

U00000506884  
04/27/06-80042-011 150.00

## 21/ OFFICERS AND DIRECTORS

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>FELDMAN, LENNARD<br>10326 BUENA VENTURA DRIVE<br>BOCA RATON, FL 334986710 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |

EP OPU X SJF!  
JO UI JT TQBDF

23/ 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 power like empowered.

TJHOBVVSF;

TJHOBVVSF BOCILZQFEPISQ8LJFEKBNFIPGTJHOLNIPGDDFSIPSESTDPUS

Date

Daytime Phone