

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000046370	
1. Entity Name MUHLRAD PROPERTIES, INC.	

Principal Place of Business 2545 FLAMINGO DRIVE MIAMI BEACH, FL 33140	Mailing Address 2545 FLAMINGO DRIVE MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (12/03)

4. FEI Number 65-0841791	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ TV	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUHLRAD, DAVID 2545 FLAMINGO DR. MIAMI BEACH, FL 33140

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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 _____ (NOTE: Registered Agent signature required when registering) _____ 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	U000000501243 04/25/06-80055-002 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MUHLRAD, DAVID 750 OCEAN DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO MUHLRAD, CANDICE 750 OCEAN DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUHLRAD, MARK 750 OCEAN DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUHLRAD, RACHEL 750 OCEAN DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DAVID MUHLRAD	4/1/06 305-532-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #