2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 08:00 AM Secretary of State

954 335 8181

Daytime Phone #

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Principal Plac	e of Business	M	iailing Address				
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{		1.2.3		٠		5. Certificate of Status Desired Fee Required	
	6. Name and Address of C	urrent Regis	tered Agent		· · · · · · · · · · · · · · · · · · ·		Ξ,
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		ment for the	purpose of changing	its registere	d office or register	red agent, or both, in the State of Florida. I am familiar with, and acc	ept
the obliga	tions of registered agent.	Ì					
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SIGNATURE.	Signature, typed or printed name of register	ed agent and this	ff applicable (ff)	OTE Registered	f Agent signstars required	i when reinstaing) DATE	
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12. I hereby o	certify that the information supplies	ed with this f	iling does not qualify	for the exe	mptions contained	in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or directly, Florida Statutes; and that my name appears in Block 10 or Block 11.	n }
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _