

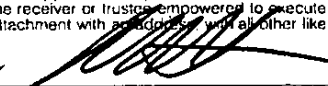
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-01-2006 90004 009 ***150.00



1st MOORE CR2E034 (10/05)

DOCUMENT # P98000056668					
1. Entity Name RUSS KLENET & ASSOCIATES, INC.					
Principal Place of Business 515 SE 7TH ST FORT LAUDERDALE FL 33301 US			Mailing Address 515 SE 7TH ST FORT LAUDERDALE FL 33301 US		
2. Principal Place of Business 2030 WEST MCNAB ROAD Suite, Apt. #, etc.			3. Mailing Address 2030 WEST MCNAB ROAD Suite, Apt. #, etc.		
City & State FORT LAUDERDALE, FL Zip 33309-1002 Country USA		City & State FORT LAUDERDALE, FL Zip 33309-1002 Country USA		4. FEI Number 65-0848359 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MOSKOWITZ, MICHAEL W ESQ 800 CORPORATE DR., STE 510 FORT LAUDERDALE FL 33334			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLENET, RUSS 515 SE 7TH ST FORT LAUDERDALE FL 33301 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLENET, RUSS 2030 WEST MCNAB ROAD FORT LAUDERDALE, FL 33309-1002 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			3/10/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		