Apr 18 2006 12:01PM Louise C Brown Accountant'

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90117 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063042

1. Entity Name
TAUB NATIONAL INCORPORATED

Principal Place of Business	Mailing Address
2929 N UNIVERSITY DR # SUITE 111 CORAL SPRINGS, FL 33065	2929 N UNIVERSITY DR # SUITE 111 CORAL SPRINGS, FL 33065

50014516

2. Principal Place of Business	3. Mailing Address
3215 NW 10th Terrace	3215 NW 10th Terrace
Suite, Apt. #, etc. 208	Suite, Apt. #, etc. 208
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33309 Country USA	Zip 33309 Country USA

04182006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0852951 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAUB, KEITH
2929 N UNIVERSITY DR
SUTIE 111
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3215 NW 10th Terrace Ste 208

City Ft Lauderdale FL Zip Code 33309

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] 4/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD TAUB, KEITH 2929 N UNIVERSITY DR SUITE 111 CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3215 NW 10th Terrace Ste 208 Ft Lauderdale FL 33309
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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #