

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**



FILED
Apr 25, 2006 08:00 AM
Secretary of State
APR 24 2006
1841

DOCUMENT # P98000084711

1. Entity Name
1035 L.R. CORP.

Principal Place of Business
523 MICHIGAN AVE
MIAMI BEACH, FL 33139

Mailing Address
523 MICHIGAN AVE
MIAMI BEACH, FL 33139



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0878869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRYD, JONATHAN
523 MICHIGAN AVE.
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 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

TITLE D
NAME COMRAS, MICHAEL
STREET ADDRESS 1111 LINCOLN ROAD SUITE 510
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME FRYD, JONATHAN
STREET ADDRESS 523 MICHIGAN AVENUE
CITY-ST-ZIP MIAMI, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JONATHAN FRYD

4/24/06 (305) 673-2048