



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90170 009 ***150.00

DOCUMENT # P98000087659			
1. Entity Name OLD INTO NEW INC.			
Principal Place of Business 334 DORSET H BOCA RATON FL 33434		Mailing Address 334 DORSET H BOCA RATON FL 33434	
2. Principal Place of Business 1400 NE 21ST STREET		3. Mailing Address 1400 NE 21ST STREET	
Suite, Apt. #, etc. 4000 NE 21ST STREET		Suite, Apt. #, etc. 4000 NE 21ST STREET	
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL	
Zip 33305	Country USA	Zip 33305	Country USA
6. Name and Address of Current Registered Agent CRAMMER, EDWIN L 7491 W OAKLAN PARK BLVD SUITE 301 LAUDERHILL FL 33319		7. Name and Address of New Registered Agent Name CRAMMER EDWIN L Street Address (P.O. Box Number is Not Acceptable) 3801 N. UNIVERSITY DRIVE City SUNRISE FL Zip Code 33351	
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  DATE 02/28/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$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	PD SCHIAVONE, MICHAEL 1610 NE 17TH TERRACE FORT LAUDERDALE FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NE 21ST STREET FORT LAUDERDALE FL 33305
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06 954-6047107
Date Daytime Phone #