

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90083 041 ***150.00

DOCUMENT # P98000099593

1. Entity Name
219 SOUTH ATLANTIC BOULEVARD, INC.



Principal Place of Business
219 S ATLANTIC BLVD.
FORT LAUDERDALE, FL 33300

Mailing Address
56 MAPLE STREET
WARWICK, RI 02888

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006

Chg-P

CR2E034 (11/05)

4. FEI Number
06-1531947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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
PTS
MARAIA, LOIS
56 MAPLE ST.
WARWICK, RI 02888 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KENT, MICHAEL C
7523 ORCHID HAMMOCK DRIVE
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael C. Kent
56 Maple Street
Warwick, RI 02888 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-06

401-784-3570

DESIMONE & LEACH

Attorneys At Law

ATTACHMENT

40053034

A Professional Corporation

One Turks Head Place, Suite 1010
Providence, Rhode Island 02903-2219
Telephone: 401/421-8200
Fax: 401/421-0677

#798000099593

April 11, 2006

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam:

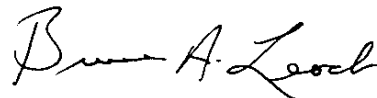
Enclosed for filing are the Annual Reports for Calendar 2006 for:

**219 South Atlantic Boulevard, Inc.
Kent Management S.E., Inc.**

along with the appropriate filing fees.

For our records, please acknowledge below receipt of the above reports. A return envelope is enclosed for your convenience. Thank you.

Very truly yours,



Bruce A. Leach

nc

Enclosures

Receipt of the above is hereby acknowledged
Office of the Secretary of State

By _____

Date _____