

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000015245

1. Entity Name

FORT LAUDERDALE CROWN CENTER, INC.



Principal Place of Business

**1475 W CYPRESS CREEK
202
FORT LAUDERDALE, FL 33304**

Mailing Address

**1475 W CYPRESS CREEK
202
FORT LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



04042006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0921438

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERTZ, CLIFFORD I
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401**

**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	PD
NAME	GOLDSTEIN, JAMES E
STREET ADDRESS	5882 NW 23 WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	S
NAME	PORRAS, MARA
STREET ADDRESS	1475 W CYPRESS CREEK RD, #202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	SCHROEDER, ANDERS U
STREET ADDRESS	22 HESTER RA
CITY-ST-ZIP	LONDON ENGLAND,
TITLE	VPT
NAME	BAND, ROBERT
STREET ADDRESS	1475 W. CYPRESS CREEK RD., STE 202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	HOWARTH, DENNIS
STREET ADDRESS	100 CANAL POINT BLVD, #108
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000522553
05/03/06-80034-016 150.00

**DO NOT WRITE
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 807, 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

4/19/06

954-
771-6714