## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P99000019247** INTER-PRO INVESTMENT GROUP INC. Mailing Address Principal Place of Business 1900 TAYLOR STREET 1900 TAYLOR STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Cha-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 65-0919183 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILENI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2447 MONROE STREET HÖLLYWOOD, FL 33020 City Zia 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. (NOTÉ: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000530880 Change VPD ☐ Delete TITLE ☐ Addition TITLE FILENI, ROBERT NAME NAME 05/06/06-80015-007 600.00 2447 MONROE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete Addition Tilif TITLE ☐ Change FILENI, DANIEL NAME STREET ADDRESS 280 CHEMIN DU MONT STE-ANNE PREVOST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUEBEC CANADA JOR 1TO, ☐ Delete MLE ☐ Change ☐ Addition TITLE FILENI, ROBERT SR NAME NAME STREET ADDRESS 317 HARDING STREET STREET ADDRESS HOLLYWOOD, FL 33019 CITY- ST- 7IP CDY-ST-7IP Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP ☐ Delete TITLE साध ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP City-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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 emprowered.