2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000023602

HENRY PODOLSKY & ASSOC INC.

FILED Jan 31, 2006 08:00 A **Secretary of State**

Principal Place of Business

10133 NW 24TH PLACE

#101 SUNRISE, FL 33446

Mailing Address

1041 N.W. 125TH AVENUE SUNRISE, FL 33322



DO NOT WRITE IN THIS SPACE

No Cha-P CR2E034 (11/05) 01262008

4. FEI Number 65-0902310

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TACHER, DAVID 1041 N.W. 125TH AVENUE SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prices of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, a	nd accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE						·
	E NOW!!! FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.)g 	\$5.00 May Be Added to Fees	U00000411259 02/09/06-80069-024 15	0.00
10. OFFICERS AND DIRECTORS						* '- '-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PODOLSKY, HENRY 10133 NW 24TH PLACE #101 SUNRISE, FL 33322			_	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PODOLSKY, DOROTHY 10133 NW 24TH PLACE \$101 SUNRISE, FL 33322			••		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	;
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ÎN .	THIS SPACE	
TITLE		•				

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

CTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #