

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000050260

1. Entity Name
PAGEY CONCEPTS, INC.



Principal Place of Business
PO BOX 906
HALLANDALE, FL 33008-0906

Mailing Address
C/O M. ALMAN
17290 NE 19 AVENUE
NORTH MIAMI BEACH, FL 33162



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0999758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMAN, MARTIN H
17290 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (If not, Registered Agent signature required when re-stating)

**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
NAME
STREET ADDRESS
CITY ST ZIP
DVT
KATOWITZ, STEPHEN
PO BOX 906
HALLANDALE, FL 330080906

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
SDP
KATOWITZ, NORMAN
PO BOX 906
HALLANDALE, FL 330080906

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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STREET ADDRESS
CITY ST ZIP

U00000483857
04/12/06-80018-001 150.00

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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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-06 (305) 944-5353
Date Daytime Phone #