2006 FOR PROFIT CORPORATION

Jan 23, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P99000052628** 01-23-2006 90125 015 ***150.00 1. Entity Name 124 E. FLAGLER ST., INC. Principal Place of Business Mailing Address 1600 NW 165 STREET 1600 NW 165 STREET NORTH MIAMI BEACH, FL 33169 NORTH MIAMI BEACH, FL 33169 No Chg-P CR2E034 (11/05) 01182006 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0939449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FRANCO, ABRAHAM :-DO NOT WRITE 1600 NW 165 STREET NORTH MIAMI BEACH, FL 33169 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, typed or printed figme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE FRANCO, ABRAHAM NAME 1600 NW 165 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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, w

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED