## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) (AMENDED)

ANNUAL REPORT (AR) (AMENDED)											
DOCUMENT # P99000054853 1. Entity Name								مدا ساً			
VICTOR L					FILED						
Principal Place of Business Mailing Address					-		OD AUG [	I AH 7:5	5		
•	Y PASS NORTH	<del>-</del>	35 US 41 BY PASS NORTH					Y OF STATE			
125 VENICE FL 34292		125 VENICE FL 34292					HITILIAN IN TRACE	AN AN THOUATAN	ÁLLI ISKLUT	331111111	
VEINICE PL 3	04252	VENICE I E 34232									
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			( ( • • • •		#11) <b>#</b> #116 ##121 <b>#</b> 1116 #144	1 10101 miles 1986	231 11 1901	
Suite. Apt. #, etc.		Suite, Apt. #, etc.				1st	MOORE	CR2E034 (1	10/05)		
City & State		City & State				4. FEI Numbe	65-09657	04	_ <del> </del>	plied For Applicable	
Zìp	Country	Zip	Coun	try			of Status Desired	Fe Fe	8.75 Addi e Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
EISNER, VICTOR					Name						
535 US 41 BY PASS NORTH #125 VENICE FL 34292				Street Address (P.O. Box Number is Not Acceptable)							
				City FL Zip 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 profest name of registered agent and little diapplicable (NOTE: Registered Agent signature required when constaining).											
FILE NOW!!! FEE IS \$150.00 (d)										20	
After	May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o						Trust Fund C	npaign Financing Contribution.	_	O May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO C	FFICERS AND D	IRECTORS	3 IN 1)	
TRILE	Р	☐ Delete	TITL		P		<del></del>	5	Change	Addition	
NAME STREET ADDRESS	EISNER, VICTOR 741-SW 10TH ST		NAM STRE	EET ADDRESS 🕯	レに V 3535	15, MAR 105 41 1	BY PASS N	c. #125			
CITY-ST-ZIP	MLAMI-FL-33130-			-ST-ZIP		ICE, FL			/		
TITLE	T	☐ Delete	THTL		T			E	Change	☐ Addition	
NAME	LEVIS, MARGARET		NAM	IE	LEVI	S, MARG	Y PASS NO	. # 125			
STREET ADDRESS CITY-ST-ZIP	<del>741 SW 10TH S</del> T MIAMI FL-33130		STR	EET ADDRESS '-ST-ZIP	535 15	105 41 B	7 FADD '''				
TITLE	S	☐ Delete	TITL	F	5-	VP			Change	Addition	
NAME	CUERVO, S.		NAM	NE .	COE	R10, 5.	By Pass N		<u></u>		
STREET ADDRESS	741-SW 10TH-ST		- 6		535	0>416	of Mass IV	101 # 125			
CITY-ST-ZIP	MIAMI FL 33130		-	/-ST-ZIP	VEN	KE SFL	34242		Change	Addition	
NAME.		☐ Delete	TIT( NAN	i				L	_) Change	ACCITION	
STREET ADDRESS			STR	FET ADDRESS		90	100787 /0601019	76064	9		
CITY-ST-ZIP			CITY	r-ST-ZIP	<del></del>	08/16/	<u> 10601015</u>	;0 <u>03    **</u>	<u> 61.25</u>		
TITLE NAME		Delete	TITL					[	Change	☐ Addition	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				f-ST-ZIP						Ì	
TITLE		☐ Delete	TITL	.τ					Change	☐ Addition	
NAME			NAN	-							
STREET ADDRESS CITY-ST-ZIP				eet address Y-st-zip							
	Learning that the information supplied wi	th this filing does not quality			t containe	d in Section 11	9, Florida Statute	as. I further certify	y that the i	nformation	
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.											

Daytime Phone #