2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P99000071297 1. Entity Name SYLVIA WELLS-CULLINS. P.A. Mailing Address Principal Place of Business 1600 S.E. 15 STREET,#204 FT, LAUDERDALE FL 33316 1600 S.E. 15 STREET,#204 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Fr 4. FEI Number 65-0940179 Not Applic Ζìρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS-CULLINS, SYLVIA Street Address (P.O. Box Number is Not Acceptable) 1600 S.E. 15 STREET,#204 FT. LAUDERDALE FL 33316 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or primod name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 .. 9. Election Campaign Financing \$5.00 May ! After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. 13 Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete IIII F ☐ Change U00000500727 NAME WELLS-CULLINS, SYLVIA NAME 04/25/06-80033-011 158.75 STREET ADDRESS 1600 S.E. 15 STREET,#204 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Ada™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP mu ☐ Defete Change ☐ Address NAME NARAF STREEL AUGRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete DITLE ☐ Change TT Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP une ☐ Detete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2# DILL Delete ☐ Change THRE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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.

SYLVA WELLS CALL

**FILED** 

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