## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 17, 2006 8:00 am Secretary of State **DOCUMENT # P99000088076** 02-17-2006 90082 021 \*\*\*150 00 MARC-HENRI HECHT DESIGNS, INC. Mailing Address Principal Place of Business DUUTOZOO 2500 PARKVIEW DRIVE 2500 PARKVIEW DRIVE 2301 2301 HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4 FEI Number 65-0959143 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HECHT, MARC-HENRI Street Address (P.O. Box Number is Not Acceptable) # 2301 20185 E. COUNTRY CLUB DRIVE, SUITE 2207 AVENTURA, FL 33180 FL Hallandale. Veach 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. 02/06/06 Marc. Henri Hecht SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE:15 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE TITLE Delete HECHT, MARC-HENRI NAME NAME 2500 Parkview Deive #2301 20185 EAST COUNTRY CLUB DRIVE #2207 STREET ADDRESS STREET ADDRESS Hallandale Beach, Fl. 33009 CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP D ☐ Addition TITLE ☐ Delete TITLE HOUBRE, MARIE PAULE NAME NAME 2500 Parkview Drive #2301 STREET ADDRESS 20185 EAST COUNTRY CLUB DRIVE #2207 STREET ADDRESS Hallamale Prach Fl AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

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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. 02/06/06 MARCHENEL HECHT Marc. Hum Healt 954.454.79.1 SIGNATURE:

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR