

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000098526

1. Entity Name
PAUL SELWYN, INC.



Principal Place of Business
**3101 PORT ROYALE BLVD
#818
FORT LAUDERDALE, FL 33308**

Mailing Address
**3101 PORT ROYALE BLVD
#818
FORT LAUDERDALE, FL 33308**



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079447

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SELWYN, PAUL
3101 PORT ROYALE BLVD. #818
FORT LAUDERDALE, FL 33308**

**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 (Applicable to 10121, Registered Agent Signature required when changing)

**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**

**UD00000521625
05/02/06-80144-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SELWYN, PAUL**
STREET ADDRESS **3101 PORT ROYALE BLVD. #818**
CITY ST ZIP **FORT LAUDERDALE, FL 33308**

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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.

SIGNATURE: **PAUL SELWYN** 954-493-504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR