


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90007 043 \*\*\*150.00

**DOCUMENT # S62638**

1. Entity Name  
**WINSTON K. LIPPERT ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

10930 S.W. 7TH STREET, #206      10930 S.W. 7TH STREET, #206  
 MIAMI FL 33174      MIAMI FL 33174



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0270949**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LIPPERT, WINSTON K**  
**10930 S.W. 7TH STREET, #206**  
**MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

|  |                                 |
|--|---------------------------------|
| TITLE<br><b>PRESIDENT</b>                            | <input type="checkbox"/> Delete |
| NAME<br><b>LIPPERT, WINSTON K</b>                    |                                 |
| STREET ADDRESS<br><b>10930 S.W. 7TH STREET, #206</b> |                                 |
| CITY-ST-ZIP<br><b>MIAMI FL 33174</b>                 |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                       |                                 |
| CITY-ST-ZIP  |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                       |                                 |
| CITY-ST-ZIP  |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                       |                                 |
| CITY-ST-ZIP  |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                       |                                 |
| CITY-ST-ZIP  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: *Winston K. Lippert*      **WINSTON K. LIPPERT**      **PRESIDENT**      **1/20/06**      **305-220-5488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #