2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OF

SIGNATURE:

FILED DOCUMENT # \$68989 Jan 30, 2006 08:00 AM 1. Entity Name **Secretary of State** 1946, INC. Mailing Address Principal Place of Business . . 1499 NW 79 AVE 1499 NW 79 AVE MIAMI FL 33126 MIAM1 FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 65-0278658 Not Applicat Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARZITELLI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1499 NW 79 AVE **MIAMI FL 33126** 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 accthe obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required what reinstating) 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE Delete TITLE ☐ Change - H NAME MARZITELLI, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1499 NW 79 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE Delete TITLE ☐ Change ☐ All NAME NAME U00000407210 02/08/06-80007-011 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addr THILE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Add NEME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-78 TITLE ☐ Delete TITLE ☐ Change ☐ Adi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE ☐ Change □ Add NAME STREET ADDRESS 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 directly of the corporation or the repetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #