


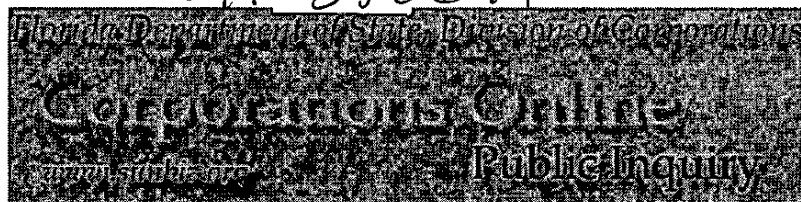
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90006 034 \*\*\*150.00

<b>DOCUMENT # S80674</b> 1. Entity Name <b>WIPEOUT OF FT. LAUDERDALE INC.</b>					
Principal Place of Business <b>203 S. ATLANTIC BLVD. FT. LAUDERDALE, FL 33316</b>			Mailing Address <b>203 S. ATLANTIC BLVD. FT. LAUDERDALE, FL 33316</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PARISIS, PETER P 4045 NW 16TH STREET 111 FORT LAUDERDALE, FL 33313</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>*Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>GAMAL, URI</b> <b>203 S ATLANTIC BLVD</b> <b>FORT LAUDERDALE, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			2/20/06 <span style="float: right;">954-463-9443</span> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

#580674 40017541



## Florida Profit

## WIPEOUT OF FT. LAUDERDALE INC.

PRINCIPAL ADDRESS  
203 S. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33316

MAILING ADDRESS  
203 S. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33316

Document Number  
S80674

FEI Number  
650283809

Date Filed  
09/17/1991

State  
FL

Status  
ACTIVE

Effective Date  
09/16/1991

## Registered Agent

Name & Address
PARISIS, PETER P 4045 NW 16TH STREET 111 FORT LAUDERDALE FL 33313
Name Changed: 05/01/1995
Address Changed: 05/18/2000

## Officer/Director Detail

Name & Address	Title
GAMAL, URI 203 S ATLANTIC BLVD FORT LAUDERDALE FL 33316	PD

## Annual Reports

Report Year	Filed Date
2003	05/05/2003

## ATTACHMENT

40017541

2004	04/24/2004
2005	03/25/2005

#580674

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events

No Name History Information

## Document Images

Listed below are the images available for this filing.

[03/25/2005 -- ANN REP/UNIFORM BUS REP](#)  
[04/24/2004 -- ANNUAL REPORT](#)  
[05/05/2003 -- ANN REP/UNIFORM BUS REP](#)  
[05/22/2002 -- COR - ANN REP/UNIFORM BUS REP](#)  
[03/19/2001 -- ANN REP/UNIFORM BUS REP](#)  
[05/18/2000 -- ANN REP/UNIFORM BUS REP](#)  
[02/03/1999 -- ANNUAL REPORT](#)  
[01/21/1998 -- ANNUAL REPORT](#)  
[05/15/1997 -- ANNUAL REPORT](#)  
[07/08/1996 -- 1996 ANNUAL REPORT](#)

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)