2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # S88852 S, PHASE II, INC.					01-17-2006	90278	001 ***3	00.00
Principal Plac	e of Business	Mailing Address	1			00000	, , , ,		
34 STAR ISL		34 STAR ISLAND							
MIAMI BEACH, FL 33139 US MAIMI BEACH, FL 3313			US						
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2. Principal P	lace of Business	3. Mailing Address							
912 Hialeah Street		912 Hialeah Street			1 10 11 10 11 11 11	818J BJB1 48181 81148 118J 811	EN BIBN CIBI	J 81811 81811 8181	1201 (1241
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		01122006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State	· - · · · · · · · · · · · · · · · · · ·		4. FEI Number			I IAo	plied For
Ro	ockledge, FL	Rockledge, F	L		59-3093	433		<u> </u>	t Applicable
Zip 32955	Country	^{Zip} 32955	Country		5. Certificate o	f Status Desired		\$8.75 Add	
3293	5 USA 6. Name and Address of Current	_1	USA					Fee Required	đ
	6. Name and Address of Current	registeren währt	Name			ddress of New Reg	jistereu A	(Baur	
,	CURTIS R.	Marvi	Maryin A. Kirsner						
	W HAVEN AVE		5100	dress (P Town	2.0. Box Number 1 Center	is Not Acceptable) Circle, Su	ite 4	400	
MELBOUR	RNE, FL 32901								
			City					Zip Code	
A T: (1 2 1 4 11		Boca				FL		≀86
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	registere	ed agent, or both	, in the State of Florid	da. Iam i	amiliar with,	and accept
Mourin A Visconer									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
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		OO Trust Fund Contrib		Ádde	ed to Fees	HANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11
After Ma	officers and	OO Trust Fund Contrib	11.	PD	ADDITIONS/C		ERS AND	DIRECTORS Change	S IN 11
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SIGNATURE:

Marvin A. Kirsner/Secretary 1/12/06

SIGNATURE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Date Daytime Phone #