

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0320681** Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SALKIN, LAVERNE L.**  
**2141 VIA FUENTES**  
**VERO BEACH FL 32963**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

I, 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 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**  
**Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May 1  
Trust Fund Contribution. ☐ Added to Fees

## OFFICERS AND DIRECTORS

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                    |                                 |                                                              |                                                              |
|------------------------------------|---------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| 11. OFFICERS AND DIRECTORS         | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME<br>SALKIN, LAVERNE L.         |                                 | NAME<br>U00000396597                                         |                                                              |
| STREET ADDRESS<br>2141 VIA FUENTES |                                 | STREET ADDRESS<br>01/30/06-80014-017 150.00                  |                                                              |
| CITY-STATE-ZIP<br>VERO BEACH FL    |                                 | CITY-STATE-ZIP                                               |                                                              |
| <input type="checkbox"/> Delete    |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                              |
| <input type="checkbox"/> Delete    |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                              |
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| <input type="checkbox"/> Delete    |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                              |

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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laverne Salkin Pres.* 1126106