

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-04-2006 90239 038 ***158.75

DOCUMENT # V28688

1. Entity Name
LANDHIGH CORPORATION



Principal Place of Business
**16105 NE 18 AVE
N. MIAMI BEACH, FL 33162**

Mailing Address
**16105 NE 18 AVE
N. MIAMI BEACH, FL 33162**

66020104



DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0347801

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**RONES, VICTOR
16105 NE 18 AVE
N MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MILLMAN, HARRIS
16105 NE 18 AVE
N MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harris Millman Pres 6/16/06 305 992-6445