2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # v30053 f. Entity Name 03-01-2006 90024 013 ***150.00 ALAN S. HONIG ASSOCIATES, INC. Mailing Address Principal Place of Business 1501 BROADWAY, SUITE 1313 1501 BROADWAY, SUITE 1313 NEW YORK NY 10036 NEW YORK NY 10036 2. Principal Place of Business 3. Mailing Address 17582 BOCAIRE WAY Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For BOCA 65-0332152 Not Applicable RATON Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGELHARD, SHELDON Street Address (P.O. Box Number is Not Acceptable) 7900 GLADES RD STE 330 **BOCA RATON FL 33434** Zip Code FL 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. DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE Delete TITLE ALAN S. HONIG ☐ Addition NAME NAME HONIG, ALAN S 17582 BOCAIRE WAY STREET ADDRESS 6400 CONGRESS AVE, STE 2200 STREET ADDRESS CITY-ST-ZIP BOCA RATON 7L 33487 CITY-ST-ZIP **BOCA RATON FL 33487** TITLE Delete TITLE Change ☐ Addition JONATHAN HONIG HONIG, JONATHAN NAME NAME 9936 GRANDE VERDE STREET ADDRESSN STREET ADDRESS 6222 43 RD TERR CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 an address, with all other like empowered.

FILED

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