

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90226 020 ***150.00

DOCUMENT # V31858

1. Entity Name
CHARLES KAPLAN ENTERPRISES, INC.



Principal Place of Business
**9900 WEST SAMPLE ROAD
SUITE 400
CORAL SPRINGS, FL 33065**

Mailing Address
**9900 WEST SAMPLE ROAD
SUITE 400
CORAL SPRINGS, FL 33065**

50016557



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0340863

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SLATKIN, SHELDON T.
SUITE 400
9900 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

Name **CHARLES KAPLAN**
Street Address (P.O. Box Number is Not Acceptable)
7014 NW 38th ST
CORAL SPRINGS, FL
City **FL** Zip Code **33065**

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

Charles Kaplan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAPLAN, CHARLES	
STREET ADDRESS	7014 N.W. 38TH STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KAPLAN, SHEILA	
STREET ADDRESS	7014 NW 38TH ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sheila Kaplan* **SHEILA KAPLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06

DATE

Daytime Phone #

954-752-7666