

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

06 JUN -5 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0328139

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NICOLO, RICHARD  
2015 SW 2ND STREET  
POMPANO BEACH, FL 33069

**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	P
NAME	NICOLO, RICHARD
STREET ADDRESS	2748 NE 23RD AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	S
NAME	NICOLO, AMY
STREET ADDRESS	2748 NE 23RD AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/14/06--01042--007 \*\*200.00

**DO NOT WRITE  
IN THIS SPACE**

GL #	By:
Posted Date:	

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

5/1/06 954-334-1000

Date

Daytime Phone #