2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #V52999

1. Entity Name

PRUDENCE INVESTMENTS, INC.



FILED
Jan 09, 2006 08:00 AM
Secretary of State

Principal Place of Business

C/O YAFFA DERMER 2525 FLAMINGO PLACE MIAMI BEACH, FL 33140-4318 Mailing Address

C/O YAFFA DERMER 2525 FLAMINGO PLACE MIAMI BEACH, FL 33140-4318



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applied Services (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DERMER, YAFFA 2525 FLAMINGO PLACE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

			1				
	named entity submits this statement for the plans of registered agent	ourpose of changing its re	gistered office or re	egistered agent, or bo	oth, in the State of Florida I am familiar with, and acce	ıp	
				U00000379019			
SIGNATURE.	Signature, typed or normed have of registered agent and bite	if applicable (NOTE B	legistered Agent signature	required when remotating)	01/10/06-80005,,218-158.08		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					<u></u>	_	
MILE	D				•		
NAME	DERMER, YAFFA						
STREET AUDRESS	2525 FLAMINGO PL.						
CITY+ST-ZIP	MIAMI BEACH, FL 331404318						
YOTE	D						

ROSENTHAL, PRUDENCE NAME 2105 DEVONSHIRE RD. STHEET ADDRESS ANN ARBOR, MI CHY-ST-ZIP TITLE RON, DERMER NAME 2525 FLAMINGO PLACE STREET ADDRESS MIAMI, FL 33140 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE
IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 applicass, with all other like empowered.

SIGNATURE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

71/06/06

Daylime Phone #