

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**D** DOCUMENT # P02000083096  
 1. Name  
 S. M. BOUCHNER, C.M.A., A.V.A., P.A.



**Pr** Place of Business  
**21** BISCAYNE BLVD., 6TH FLOOR  
**M** FL 33131

**Mailing Address**  
 200 S. BISCAYNE BLVD., 6TH FLOOR  
 MIAMI, FL 33131



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0418552 Applied For Not Applicable

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

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

KOWITZ, RICHARD A  
 S. BISCAYNE BLVD., 6TH FLOOR  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

01172006-00000396365  
 01/30/06-80007-006 150.00

**OFFICERS AND DIRECTORS**

<b>P/D</b>	BOUCHNER, SCOTT M
<b>STREET ADDRESS</b>	200 S. BISCAYNE BLVD., 6TH FLOOR
<b>CITY-STATE-ZIP</b>	MIAMI, FL 33131
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<b>STREET ADDRESS</b>	
<b>CITY-STATE-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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

1/17/06 305-960-1290  
 Date Daytime Phone #