


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90069 039 ***158.75

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DOCUMENT # F98000006608			
1. Entity Name 33RD STREET BUFFER, INC.			
Principal Place of Business 3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111		Mailing Address 3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111	
2. Principal Place of Business <i>5858 Ridgeway Center Plz</i>		3. Mailing Address <i>5858 Ridgeway Center Plz</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Memphis TN 38120</i>		City & State <i>Memphis TN 38120</i>	
Zip <i>38120</i>		Zip <i>38120</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 62-1747241		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01/2006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DOTSON, ALBERT E JR 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131-2336		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SEELBINDER, OSCAR W JR 3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5858 Ridgeway Center Parkway Memphis TN 38120</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKLAR, JERALD H WARING COX, PLC/ 50 N. FRONT ST STE 1300 MEMPHIS, TN 38103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5858 Ridgeway Center Parkway Memphis TN 38120</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		OSCAR SEELBINDER <i>1/6/06</i> 901327-7076	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	