

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90056 032 \*\*\*150.00

**DOCUMENT # 350529**

1. Entity Name  
**LAUDERHILL TEN MANAGEMENT CORPORATION, INC.**



Principal Place of Business  
**4301 NW 16TH ST  
LAUDERHILL, FL 33313 US**

Mailing Address  
**4301 NW 16TH ST  
LAUDERHILL, FL 33313 US**

40020293



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-1272418**

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

**MINKLEY, AUDREY  
4301 NW 16TH ST  
LAUDERHILL, FL 33313**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2007 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	<input type="checkbox"/> Delete
NAME	MAILLY, RAYMOND	
STREET ADDRESS	4431 NW 16TH STREET H-111	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TREPANIER, PIERRE	
STREET ADDRESS	4299 NW 16TH ST A305	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCKINNON, ANDRE'	
STREET ADDRESS	4331 NW 16TH ST D111	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROUSSELLE, ANDRE'	
STREET ADDRESS	4411 NW 16TH ST F210	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROUSSEAU, MARCEL	
STREET ADDRESS	4311 NW 16TH ST, B-205	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	THEBERGE, JEANINE	
STREET ADDRESS	4421 NW 16TH STE G211	
CITY-ST-ZIP	LAUDERHILL, FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-07 954 733-1922

Date

Daytime Phone #