

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 429730

1. Entity Name

E.A.P. MANAGEMENT CORP.



Principal Place of Business

2501 HOLLYWOOD BLVD.
SUITE 220
HOLLYWOOD FL 33020

Mailing Address

2501 HOLLYWOOD BLVD.
SUITE 220
HOLLYWOOD FL 33020



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1467601**

Applied For
Not Applicable

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

SOLOMON, DON R.
2501 HOLLYWOOD BLVD.
SUITE 220
HOLLYWOOD FL 33020

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: SOLOMON, DON R.
STREET ADDRESS: 2501 HOLLYWOOD BLVD SUITE 220
CITY-STATE-ZIP: HOLLYWOOD FL 33020 ☐ Delete

TITLE: S
NAME: SOLOMON, JOANNE
STREET ADDRESS: 2501 HOLLYWOOD BLVD SUITE 220
CITY-STATE-ZIP: HOLLYWOOD FL 33020 ☐ Delete

TITLE: VP
NAME: SREBRENK, BURT
STREET ADDRESS: 2501 HOLLYWOOD BLVD #220
CITY-STATE-ZIP: HOLLYWOOD FL 33020 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000614912
CITY-STATE-ZIP: 02/06/07-80049-021 150.00

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Burt Srebrenik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30, 2007

954 920 1802 x 208

Date

Daytime Phone #