


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90091 036 \*\*\*\*61.25

**DOCUMENT # 714274**

1. Entity Name  
**GERMAINE TERRACE, INC.**



Principal Place of Business  
**3223 NE 36TH ~~TERRACE~~ STREET**  
 # 5  
 FORT LAUDERDALE, FL 33308 US

Mailing Address  
 PO BOX 452199  
 SUNRISE, FL 33345 US



2. Principal Place of Business - No P.O. Box #  
**8360 W Oakland Park Blvd**

3. Mailing Address  
 Suite, Apt. #, etc.  
**301**

02172007 Chg-NP CR2E037 (12/06)

City & State  
**Sunrise FL**

City & State

4. FEI Number  
**59-1352859**

Applied For  
 Not Applicable

Zip  
**33351**

Country  
**Broward**

Zip  
 Country

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

6. Name and Address of Current Registered Agent

**SHAPIRO, PAUL**  
**C/O USA SERVICES**  
**6915 TAFT STREET**  
**HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent

Name  
**Tucker & Tighe, P.A.**

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

**800 E Broward Blvd #710**

City  
**Fort Lauderdale**

State  
**FL**

Zip Code  
**33301**

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 *Theresa Tighe, Pres* **3/19/07**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEARNS, JENESSA M 3223 NE 36TH ST. FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRATOULY, OLGA 3223 NE 36H ST FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAGUTA, TIFFANY 3223 NE 36TH ST FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec <b>John Sneed</b> <b>3223 NE 36ST # 2</b> <b>FT. Lauderdale 7-33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRAGUTA, TIFFANY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: *Olga H. Stratouly* \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #