


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90008 024 ****61.25

DOCUMENT # 726122
 1. Entity Name
 MEADOWBROOK I-J-K-L CORPORATION, INC.



Principal Place of Business Mailing Address
 320 NE 12TH AVENUE 320 NE 12TH AVENUE
 208 208
 HALLANDALE, FL 33009 US HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

40127613



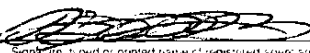
07182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1446098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RELINE, DAVID *RACINE DARIO*
 301 NE 14 AVE 302
 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

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:  7/18/007
Signature: typed or printed name of registered agent and when applicable (NOTE: Registered Agent signature required when registering) DATE

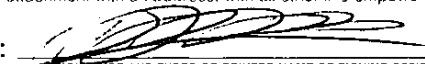
Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	T HORGATH, ELIZABETH 319 SE 14 AVE 308 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY ST ZIP	VP CARELLA, JOSEPH 320 NE 12TH AVE A-208 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY ST ZIP	S DARSFIELD, STEPHEN 319 NE 14TH AVENUE, #601 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY ST ZIP	D ARANZULLO, THERESA 300 NE 12TH AVENUE, #108 HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY ST ZIP	P RACINE, DARIO 301 N.E. 14TH AVE #302 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY ST ZIP	

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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:  7/18/007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Estimate Fee =