

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # F84630**

1. Entity Name  
**ENCORE INVESTMENTS, INC.**

Principal Place of Business  
**MR. ROBERT S MANDEL  
9601 COLLINS AVE, APT # 1405  
BAL HARBOUR FL 33154  
US**

Mailing Address  
**MR. ROBERT S MANDEL  
9601 COLLINS AVE, APT # 1405  
BAL HARBOUR FL 33154  
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2266901**

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

**MANDEL, ROBERT S  
9601 COLLINS AVE  
APARTMENT # 1405  
BAL HARBOUR FL 33154**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  Delete  
NAME **MANDEL, ROBERT S**  
STREET ADDRESS **9601 COLLINS AVE, APT # 1405**  
CITY- ST- ZIP **BAL HARBOUR FL 33154**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **S**  Delete  
NAME **MANDEL, RONA**  
STREET ADDRESS **9601 COLLINS AVE, APT # 1405**  
CITY- ST- ZIP **BAL HARBOUR FL 33154**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**U00000674550**  
**03/29/07-80074-007 150.00**

TITLE  Delete  
NAME  
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TITLE  Change  Addition  
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TITLE  Change  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 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:**

*Robert S. Mandel*

**Robert S. Mandel, 03/19/07 305-868-0845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #