



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # G89836 1. Entity Name 3201 ASSOCIATES, INC.	
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Principal Place of Business 50 E. SAMPLE ROAD 400 POMPANO BEACH, FL 33064 US	Mailing Address 50 E. SAMPLE ROAD 400 POMPANO BEACH, FL 33064 US
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**DO NOT WRITE IN THIS SPACE**



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2382665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FLORESCUE, BARRY  
50 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000934726 05/23/08-80044-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLORESCUE, BARRY 50 E. SAMPLE ROAD, SUITE 400 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SCHEER, DANA 50 E. SAMPLE ROAD, SUITE 400 POMPANO BEACH, FL 33064
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**DO NOT WRITE IN THIS SPACE**

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 ICA empowered.

SIGNATURE: *John Scheer* 4/29/08 (921) 784-2031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #