## 2007 FOR PROFIT CORPORATION

## May 29, 2007 8:00 am Secretary of State ANNUAŁ RÉPORT **DOCUMENT # P01000032022** 05-29-2007 90042 013 \*\*\*550.00 KRIM ASSOCIATES OF FLORIDA, INC. Principal Place of Business Mailing Address 107 VICTORIA BAY COURT 107 VICTORIA BAY COURT PALM BEACH, FL 33418 PALM BEACH, FL 33418 05042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4165872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRIM, RICHARD DO NOT WRITE 107 VICTORIA BAY COURT PALM BEACH, FL 33418 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KRIM, RICHARD STREET ADDRESS 107 VICTORIA BAY CT CITY-ST-ZIP WEST PALM BEACH, FL 33418 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-71P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED