


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90066 038 ***150.00

DOCUMENT # P02000090430					
1. Entity Name HEBREWS MANAGEMENT, INC.					
Principal Place of Business 7201 SW 123RD PLACE 7332 SW 123 PL MIAMI, FL 33183 MIAMI, FL 33183		Mailing Address P.O. BOX 900400 8312 85 MIAMI, FL 33296 352 83			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0743236	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEREBAY, LAYNE MARY M. ATUNRAJE 888 S.E. 3RD AVE STE 400 ADELEKE FT LAUDERDALE, FL 33316 7332 SW 123 PL MIAMI, FL 33183		7. Name and Address of New Registered Agent			
		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: <u>Mary Adeleke</u> DATE: <u>3/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	President/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADELEKE, PATRICK	NAME	Mary M. Atunrase Adeleke		
STREET ADDRESS	7201 SW 123RD PLACE	STREET ADDRESS	7332 SW 123 PL		
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	MIAMI, FL 33183-3549		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADELEKE, MARY	NAME	Mary M. Atunrase Adeleke		
STREET ADDRESS	7201 SW 123RD PLACE	STREET ADDRESS	7332 SW 123 PL		
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	MIAMI, FL 33183-3549		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 like empowered.					
SIGNATURE: <u>Mary Adeleke</u>			3-24-08 786-252-9774		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		