2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000094497

1. Entity Name
33160 PARTNERS, INC.

Principal Place of Business	Mailing Address
630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458	630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

04132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1289331	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, WILLIAM E
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

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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

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SOLOMON, JOHN C II
STREET ADDRESS	630 MAPLEWOOD DRIVE #100
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	PD
NAME	GRAZIOTTO, RAYMOND E
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	COO
NAME	GRAZIOTTO, RAYMOND E
STREET ADDRESS	630 MAPLEWOOD DRIVE #100
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	SCFO
NAME	TAYLOR, WILLIAM E
STREET ADDRESS	630 MAPLEWOOD DRIVE #100
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80049-023 150.00

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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 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 _William E. Tayl_   William E. Taylor CFO   4-16-07   561-625-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #