## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 06, 2007 8:00 am Secretary of State

| DOCUMENT # P06000069701  1. Entity Name ERIKA KANE, PA   |  |             |         |   |      |  |  |              | 04-06-2007                    | ' 90044 (  | )26 ***15                          | 0.00                        |
|--|--|-------------|---------|---|------|--|--|--------------|-------------------------------|------------|------------------------------------|-----------------------------|
| Principal Place of Business<br>1800 SUNSET HARBOUR DRIVE S.<br>SUITE 1715<br>MIAM! BEACH, FL 33139 US  |  |             | 1<br>S  | Mailing Address<br>1800 SUNSET HARBOUR DRIVE S.<br>SUITE 1715<br>MIAMI BEACH, FL 33139 US |      |  |  | -<br>        | 11  1 1     11    11   11   1 |            | III 1 <b>18</b> 71 <b>83</b> 181 A | IJ <b>ak</b> i & 1841       |
| 2. Principal Place of Business - No P.O. Box #   |  |             | 3.      | 3. Mailing Address  |      |  |  |              |                               |            |                                    |                             |
| Suite. Apt. #. etc.  |  |             |         | Suito, Apt. #, etc.   |      |  |  | 02202007     | Chg-P                         | CR2E       | 034 (12/06)                        |                             |
| City & State   |  |             |         | City & State  |      |  |  | 4. FEI Numbe | 02770                         | 6          | <u> </u>                           | oplied For<br>of Applicable |
| Zio  | Country  |             |         | Zıp   | ntry |  | 5. Certificate of Status Desired See Require |              |                               |            |                                    |                             |
| 6. Name and Address of Current Registered Agent  |  |             |         |   |      | Name   |  | 7. Name and  | Address of New                | Registered | Agent                              |                             |
| FORM-A-CORP, INC.<br>100 VILLAGE SQUARE CROSSING   |  |             |         |   |      | Street Address (P.O. Box Number is Not Acceptable) |  |              |                               |            |                                    |                             |
| SUITE 103<br>PALM BEACH GARDENS, FL 33410  |  |             |         |   |      |  |  |              |                               |            |                                    |                             |
|  |  |             |         |   |      | City   |  |              |                               | FL         | Zip Cod                            | e                           |
| 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  Separature typed or product purpor of projecting and bits of applicable. (NOTE: Harpeland Agent separature required when renspining).  DATE  |  |             |         |   |      |  |  |              |                               |            |                                    |                             |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.0 Trust Fund Contribution.   Added  |  |             |         |   |      |  |  |              |                               |            |                                    | -                           |
| TITLE  | DP   | OFFICERS AN | D DIREC | Delete  | 11.  | Ε  |  | ADDITIONS/   | CHANGES TO OF                 | FICERS AND | DIRECTOR Change                    | S IN 11                     |
| NAME<br>STREET ADDRESS<br>CITY ST ZIP  | KANE, ERIKA 1800 SUNSET HARBOUR DRIVE S., SUITE 1715 STREE |             |         |   |      | EET ADDRESS<br>-ST-ZIP                             |  |              |                               |            |                                    |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |             |         |   |      |  |  |              |                               | •          | ☐ Change                           | Addition                    |
| TITLE NAME STREET ADDRESS CITY ST-ZIP  |  |             |         |   |      |  |  |              |                               |            | ☐ Change                           | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |             |         | ☐ Delete  |      |  |  |              |                               |            | ☐ Change                           | Addition                    |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  |  |             |         | ☐ Delete  |      |  |  |              |                               |            | ☐ Change                           | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |             |         | ☐ Delete  |      | í  |  |              |                               |            | ☐ Change                           | ☐ Addilion                  |
| 12. Thereby 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 frustee 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 attach half with an address, with all other like empowered. |  |             |         |   |      |  |  |              |                               |            |                                    |                             |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #  |  |             |         |   |      |  |  |              |                               |            |                                    |                             |