

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 043 ***150.00

40078682



01302007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0634113** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRZNER, ALAN
2121 PONCE DE LEON BLVD, STE 1100
CORAL GABLES, FL 33134

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 _____ (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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VEALE, WILLIAM J	
STREET ADDRESS	205 EAST 63RD ST APT 2F	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAINBERG, SOLOMON	
STREET ADDRESS	2121 PONCE DE LEON BLVD, STE 1100	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MASSIE, ANDREW	
STREET ADDRESS	19495 BISCAYNE BLVD., #805	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WASIOKK, DEBORAH	
STREET ADDRESS	19495 BISCAYNE BLVD., #805	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DS
DEBORAH BENACHENHON
19495 BISC. BLVD #805
AVENTURA FL 33180

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: Deborah Benachenhon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 305-935-2100
Date Daytime Phone #