

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000025725

1. Entity Name
ESTATE FIELD GROUP, INC.



Principal Place of Business
165 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

Mailing Address
18851 NE 29TH AVENUE
SUITE 1011
AVENTURA, FL 33180

FILED

07 APR 16 PM 12:49

RECEIVED
TALLAHASSEE, FLORIDA



01042007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0904157

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENHAMOU, GILBERT
165 GOLDEN BEACH DR
MIAMI, FL 33160

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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	PSTD
NAME	BENHAMOU, GILBERT
STREET ADDRESS	165 GOLDEN BEACH DRIVE
CITY-ST-ZIP	GOLDEN BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700097947057
04/23/07--01005--006 **\$550.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/02/07

(305) 935-5050