2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000015009

1. Entity Name

4565 ASSOCIATES, INC.



Principal Place of Business

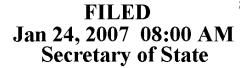
4565 PONCE DE LEON BLVD

CORAL GABLES, FL 33146

Mailing Address

4565 PONCE DE LEON BLVD

CORAL GABLES, FL 33146





01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0813227

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, JOHN R 4565 PONCE DE LEON BLVD

DO NOT WRITE

100 CORAL GABLES, FL 33146			IN THIS SPACE		
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 sig				required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P FORBES, JOHN R 4565 PONCE DE LEON BLVD 100 MIAMI, FL 33146				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000599978 01/25/07-80050-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				r .	

12. I hereby certify that the information supplied within his tine 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 frue 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 empoyee of a 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

SIGNATURE:

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

305-446-0249