## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000150329**

Entity Name
 2219 NORTH DIXIE. INC.

US

FILED Feb 16, 2007 08:00 AM Secretary of State

Principal Place of Business

2301 N. 22ND AVENUE HOLLYWOOD, FL 33020 US Mailing Address

2301 N. 22ND AVENUE HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

1 (SERVES) (1) SERVE SER

4. FEI Number 20-3772584 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROTANO, BENARDO P.A. 2500 HOLLYWOOD BOULEVARD SUITE 411 HOLLYWOOD, FL 33020

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat  | e named entity submits this statement for the pations of registered agent.  | ourpose of changing its registere                    | ad office or re     | agistered agent, or bo         | th, in the State of I | Porida. I am familia                       | r with, and accept |
|---|---|--|---------------------|--------------------------------|-----------------------|--|--------------------|
| SIGNATURE_  | Signature, typed or printed name of registered agent and title              | of amplicable. (NCTE: Requestore                     | d Actord excrusions | required when remetating)      |                       | DATE                                       |                    |
| File NOWIII FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |   | Election Campaign Finant<br>Trust Fund Contribution. |                     | \$5.00 May Be<br>Added to Fees | U000<br>02/27/0       | 100638 <b>54</b> 1<br>17 <b>-</b> 80035-01 | 2 158.75           |
| 10.   | OFFICERS AND DIREC  | CTORS  | 113.Z7A             |                                | 4.1013.8877777.       |  | 2020484            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P,D<br>PROTANO, GAETANO R JR.<br>2301 N. 22ND AVENUE<br>HOLLYWOOD, FL 33020 |  |                     |                                |                       |  |                    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |  |                     |                                |                       |  |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |                     | DO                             | NOT V                 | VRITE                                      |                    |
| TITLE<br>Name<br>Street address<br>City-St-Zip                        |   |  |                     | in:                            | THIS S                | PACE                                       |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |  |                     |                                |                       |  |                    |
| TITLE NAME STREET ADDRESS   |   |  |                     |                                |                       |  |                    |

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:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6, 2007 954 925-3474