


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90209 039 \*\*\*\*70.00

<b>DOCUMENT # N98000003942</b> 1. Entity Name <b>PROFIT, INC.</b>																																																																																																																													
Principal Place of Business <b>7050 W 2ND LN MIAMI, FL 33014</b>			Mailing Address <b>7050 W 2ND LN MIAMI, FL 33014</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number <b>59-1312727</b>																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>WAUD, DAVID C 7050 W 2ND LN MIAMI, FL 33014</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BRIGGLE, JOSEPH</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">368 SEVILLA AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">CORAL GABLES, FL 33134</td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LANCE, JERRY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">248 NE 59TH ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33137</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">OBREGON, FERNANDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6962 SW 47TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33155</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BURKE, DONNIE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3880 N 28TH TERR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HOLLYWOOD, FL 33020</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LAPIDES, MAURICE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">18520 NW 67 AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33015</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">RYAN, WILLIAM "BILL"</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">17643 SW 85 AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33157</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BRIGGLE, JOSEPH		STREET ADDRESS	368 SEVILLA AVE		CITY-ST-ZIP	CORAL GABLES, FL 33134		TITLE	P	<input type="checkbox"/> Delete	NAME	LANCE, JERRY		STREET ADDRESS	248 NE 59TH ST		CITY-ST-ZIP	MIAMI, FL 33137		TITLE	D	<input type="checkbox"/> Delete	NAME	OBREGON, FERNANDO		STREET ADDRESS	6962 SW 47TH STREET		CITY-ST-ZIP	MIAMI, FL 33155		TITLE	D	<input type="checkbox"/> Delete	NAME	BURKE, DONNIE		STREET ADDRESS	3880 N 28TH TERR		CITY-ST-ZIP	HOLLYWOOD, FL 33020		TITLE	D	<input type="checkbox"/> Delete	NAME	LAPIDES, MAURICE		STREET ADDRESS	18520 NW 67 AVENUE		CITY-ST-ZIP	MIAMI, FL 33015		TITLE	D	<input type="checkbox"/> Delete	NAME	RYAN, WILLIAM "BILL"		STREET ADDRESS	17643 SW 85 AVE		CITY-ST-ZIP	MIAMI, FL 33157		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		
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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 617, 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.																																																																																																																													
<b>SIGNATURE:</b> <u>Maurice LaPides</u> <b>MAURICE LAPIDES</b> <u>4/24/07</u> <u>305-819-8895</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													