## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # S91346**

1. Entity Name 2607 LANDMARK, INC.



Principal Place of Business

20185 E. COUNTRY CLUB DR. #2607

N. MIAMI BEACH, FL 33180

Mailing Address

2875 NE 191ST STREET SUITE 404 AVENTURA, FL 33180

## **FILED** Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90044 010 \*\*\*150.00

400400 --



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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0346671 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD 2875 NE 191ST STREET

## DO NOT WRITE

SUITE 404 AVENTURA FL 33180			IN THIS SPACE						
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered	office or r	egistered ag	gent, or both, i	n the State of Flo	orida. I am famí	iliar with, and acc	cept
SIGNATURE_		if applicable (NOTE: Registered A	Qent signature	required when r	einstating)		DATE		-
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ing 🔲	\$5.00 Added to					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP PICCIOTTO, RUTH 20185 E. COUNTRY CLUB DRIVE, #2 N. MIAMI BEACH, FL 33180 VPSD	1607		. P		•	•		
NAME STREET ADDRESS CITY-ST-ZIP	PICCIOTTO, ALBERTO 20185 E. COUNTBY CLOB DR #2597. N. MIAMI BEACH, FL 33180								
NAME STREET ADDRESS CITY-ST-ZIP	PICCIOTTO, MAURIZIO 20185 E. COUNTRY CLUB DR #2607 N. MIAMI BEACH, FL 33180			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	HIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIACOMO PICCIO 20185 E. Commanda Aventura, FIZ. 3	TTO D+ Secy Club D. # 3180 2607	•	a a se	i 1	•			
TITLE,						•			

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-63-08

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