

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G17868**

1. Entity Name 701 BUILDING CORP.



Principal Place of Business

Mailing Address

50 E SAMPLE RD

50 E SAMPLE RD 400

400 POMPANO BEACH, FL 33064

POMPANO BEACH, FL 33064

FILED Apr 30, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

s. Certificate of Si

4. FEI Number

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SCHEER, DANA 50 E SAMPLE RD

POMPANO BEACH, FL 33064

## DO NOT WRITE 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 signature required when reinstating)  DATE                                                                     |                                                                                    |       |   |                                |                           |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.                                                                                                   |                                                                                    |       |   | \$5.00 May Be<br>Added to Fees |                           |
| 10.                                                                                                                                                                                                                           | OFFICERS AND DIREC                                                                 | CTORS |   |                                | 000000934732              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PD<br>FLORESCUE, BARRY W<br>50 E. SAMPLE ROAD SUITE 400<br>POMPANO BEACH, FL 33064 |       |   |                                | 05/23/08-80044-012 150.00 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                         | SV<br>SCHEER, DANA<br>50 E. SAMPLE ROAD SUITE 400<br>POMPANO BEACH, FL 33064       |       |   |                                | •                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VP<br>FLORESCUE, RENATE<br>50 E. SAMPLE ROAD SUITE 400<br>POMPANO BEACH, FL 33064  |       |   | DO                             | NOT WRITE                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                                    |       |   | IN 1                           | THIS SPACE                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                                                                    |       |   |                                |                           |
| TITLE NAME STREET ADDRESS CLLY-SI-ZIP                                                                                                                                                                                         |                                                                                    |       | , | ÷                              |                           |

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 line empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/68

(941) 784-3031

Daytim