

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 331146**

1. Entity Name  
4844 CORP



Principal Place of Business

14200 N.W. 4TH ST  
SUNRISE, FL 33325 US

Mailing Address

C/O DAVID A. YARBOROUGH  
14200 N.W. 4TH ST  
SUNRISE, FL 33325 US



03262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1379052

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YARBOROUGH, HAROLD G.  
14200 N.W. 4TH ST.  
SUNRISE, FL 33325

**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**  
**Added to Fees**

U000008998U4  
04/29/08-80003-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VSTD
NAME	YARBOROUGH, HAROLD G
STREET ADDRESS	15140 WHETSTONE WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD
NAME	YARBOROUGH, DAVID A
STREET ADDRESS	14200 NW 4TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 employees.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAROLD YARBOROUGH, Vice Pres.

4/15/08

(954) 845-1110