



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90087 041 \*\*\*158.75

<b>DOCUMENT # 348366</b> 1. Entity Name <b>BILL EISNOR, INC.</b>					
Principal Place of Business <b>14352 SW 142 AVE</b> <b>MIAMI FLA, 33186 US</b>			Mailing Address <b>14352 S W 142 AVENUE</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  		<div style="font-size: 2em; margin-bottom: 10px;">40111</div>  <div style="margin-top: 10px;">             01042007    Chg-P    CR2E034 (12/06)         </div>	
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State  			
Zip  		Zip  			
4. FEI Number <b>59-1270041</b>				Applied For Not Applicable	
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>EISNOR, WILLIAM JOHN, JR.</b> <b>14352 SW 142 AVE</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISNOR, WILLIAM JOHN, JR 14352 S W 142 AVENUE MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EISNOR, L 14352 S W 142 AVENUE MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>EISNOR, SR W</del> 1238 ANASTASIA AVE MIAMI, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Eisnor, Richard D. 1238 Anastasia Ave. Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Casey D. Eisnor 14352 SW 142 Ave. Miami, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William John Eisnor Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/07 <small>Date</small>		305-233-4453 <small>Daytime Phone #</small>