

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 358388

1. Entity Name
EASTERN UNION CORPORATION



Principal Place of Business
**111 SW 3RD STREET
MIAMI, FL 33130**

Mailing Address
**111 SW 3RD STREET
MIAMI, FL 33130**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1303049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCORMICK, EDWARD J
111 SW 3RD ST
MIAMI, FL 33130**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCORMICK, EDWARD J
STREET ADDRESS	111 SW 3 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MCCORMICK, SYLVIA M
STREET ADDRESS	111 SW 3 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MCCORMICK, SEAN P
STREET ADDRESS	111 SW 3 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	MCCORMICK, EDWARD J
STREET ADDRESS	111 SW 3 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000684317
04/06/07-80027-011 150.00

**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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 07

Date

305-358-2600 X106

Daytime Phone #