

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 419332**

1. Entity Name  
**627 ELDRON DRIVE INC**



Principal Place of Business  
**627 ELDRON DRIVE**  
**MIAMI SPRINGS, FL 33166**

Mailing Address  
**627 ELDRON DRIVE**  
**MIAMI SPRINGS, FL 33166**

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARLSON, DAVID**  
**627 ELDRON DRIVE**  
**MIAMI SPRINGS, FL 33166**

**DO NOT WRITE IN THIS SPACE**

*4/2/07*  
*cc*

State of Florida. I am familiar with, and accept

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Signature, typed or printed name of registered agent and title if applicable.)

**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	P
NAME	JAMES, JULIE C
STREET ADDRESS	790 MORNINGSIDE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	S
NAME	CARLSON, DAVID
STREET ADDRESS	627 ELDRON DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	T
NAME	JAMES, CHARLES C
STREET ADDRESS	790 MORNINGSIDE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:** *Julie James* **JULIE JAMES** **3-21-07** **305 885 1623**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #