

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 429730

1. Entity Name
E.A.P. MANAGEMENT CORP.



Principal Place of Business 2501 HOLLYWOOD BLVD. SUITE 220 HOLLYWOOD FL 33020	Mailing Address 2501 HOLLYWOOD BLVD. SUITE 220 HOLLYWOOD FL 33020
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 59-1467601	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

**SOLOMON, DON R.
 2501 HOLLYWOOD BLVD.
 SUITE 220
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SOLOMON, DON R. 2501 HOLLYWOOD BLVD SUITE 220 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SOLOMON, JOANNE 2501 HOLLYWOOD BLVD SUITE 220 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP SREBRENK, BURT 2501 HOLLYWOOD BLVD #220 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000614912 02/06/07-80049-021 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: Burt Srebrenik JAN 30, 2007 954 920 1802 x 208

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