


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22 2008 08:00 AM
Secretary of State
RECEIVED
JAN 22 2008

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
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-1467601		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E034 (10/07)

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title is acceptable) (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	SOLOMON, DON R.	TITLE	
NAME		NAME	
STREET ADDRESS	2501 HOLLYWOOD BLVD SUITE 220	STREET ADDRESS	U00000809920
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	02/08/08-80042-002 635.00
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	SOLOMON, JOANNE	NAME	
STREET ADDRESS	2501 HOLLYWOOD BLVD SUITE 220	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	SREBRENIK, BURT	NAME	
STREET ADDRESS	2501 HOLLYWOOD BLVD #220	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: Charlie Ortiz 1/28/08 954 920 1802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR