

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90234 017 \*\*\*150.00

60043473



03052007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1546404** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

RABIN, JEFFREY B.  
258 NW 1ST AVENUE  
FLORIDA CITY, FL 33034

## 7. Name and Address of New Registered Agent

Name **Charles A. Schuette**  
Street, **2701 S. Bayshore Dr.**  
City **Miami** **FL** **33133**

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 *Charles A. Schuette* **Charles A. Schuette** **4/23/07**  
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 ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EGGLAND, DANIEL	
STREET ADDRESS	7395 SW 166 ST	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAILEY, RICHARD	
STREET ADDRESS	5288 SW 69 PL	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, BETTY J.	
STREET ADDRESS	8939 SW 52 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RABIN, JEFFREY B	
STREET ADDRESS	258 NW 1ST AVE	
CITY-ST-ZIP	FLORIDA CITY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles A. Schuette	
STREET ADDRESS	2901 S. Bayshore DR. #6	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard A. Kuci	
STREET ADDRESS	14050 Farmer Road	
CITY-ST-ZIP	Miami, FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Biscoito	
STREET ADDRESS	9620 SW 118 P1	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charles A. Schuette* **Charles A. Schuette** **4/23/07** **305-808-4010**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #