

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90170 001 \*\*\*545.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 492019</b><br>1. Entity Name<br>PLANTATION FRENCH QUARTER MANAGEMENT, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                   |                                                                              |
| Principal Place of Business<br>408 N.W. 70TH AVE.<br>PLANTATION, FL 33317-7550 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                                     | Mailing Address<br>C/O PHOENIX MGMT<br>4780 N STATE RD 7 STE 250<br>LAUDERDALE LAKES, FL 33319 US                                    |                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                        |                                                                                   |                                                                              |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                                     | City & State<br><br>Zip      Country                                                                                                 |                                                                                   |                                                                              |
| 4. FEI Number<br>59-1668793                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                     | \$8.75 Additional Fee Required                                                                                                       |                                                                                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>PHOENIX MANAGEMENT SRVC<br>4780 N STATE RD 7<br>STE 250<br>LAUDERDALE LAKES, FL 33319                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                   |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                      |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T<br>CRAWFORD, BOBBIE<br>304 NW 69 AVE #155<br>PLANTATION, FL 33317  | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | PD<br>Beckman, Alan<br>326 NW 69 AVE #143<br>PLANTATION, FLA 33317                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>COKER, WILLIAM<br>334 NW 69TH AVE, #296<br>PLANTATION, FL 33317 | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | VD<br>CRAWFORD, Bobbie<br>304 69 AVE #155<br>PLANTATION, FL 33317                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S<br>NACHMAN, FRED<br>330 NW 69 AVE #192<br>PLANTATION, FL 33317     | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | TD<br>Smith, Barry<br>404 NW 70 AVE #218<br>PLANTATION, FL 33317                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br>BECKMAN, ALAN<br>326 NW 69 AVE #143<br>PLANTATION, FL 33317    | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | SD<br><del>FRED</del> NACHMAN, FRED<br>330 NW 69 AVE #192<br>PLANTATION, FL 33317 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>SMITH, BARRY<br>404 NW 70TH AVE #218<br>PLANTATION, FL 33317    | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | D<br>ODOM, Wayne<br>424 NW 70 AVE #122<br>PLANTATION, FL 33317                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                                                     | 4/23/07      954-792-5394                                                                                                            |                                                                                   |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                   |                                                                              |