2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT #613622 PUBLICATIONS, INC.					7 90039 027 ***	150.00	
Principal Plac	ce of Business	Mailing Address	.		400583	<u></u> ያያ		
,		-			dinno.	•		
441 -S. STAT	ERU7	441-S: STATE-RD: 7-						
STE. #14		STE. #14						
MARGATE, FI	L 33068 US	MARGATE, FL 33068	US					
2. Principal P	Place of Business - No P.O. Box #	.3Mailing Address						
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Suite, Apt.	# alc	Suite, Apt. #, etc.	712-1-27A					
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City & Stat	, ()	City & State	7-1	4. FEI Numl	per		Applied For	
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Zip	Country .	Zip 🐧	Country _ N			- \$8.75	Additional	
3301	1211 60	330103	A-11	5. Certificat	e of Status Desired	Fee Reg		
	6. Name and Address of Curren	<u> </u>		7 Name an	d Address of Now	Registered Agent		
	C. Name and Address of Curren	r vefistered Mant	Name	7. Name an	o Address of Hem	veðisteian víðatir		
LICHERA	MICHAELO		1441116					
FICHERA, MICHAEL C.				Street Address (P.O. Box Number is Not Acceptable)				
441 -6 STATE R D 7				I L VO. BOX VUIN	C-1-6	7 7		
STE 14			<u>, , , , , , , , , , , , , , , , , , , </u>					
MARGALE	E, FL 33068	دلت	Le sti	$\mathcal{O}\mathcal{A}^{J}$				
			City	1		Zip.(Code	
			NO	. 9. two		FL 學	C0105	
8. The above	a named entity submits this statement f	or the purpose of changing its re	gistered office or	registered agent, or b	oth, in the State of I	Florida. I am familiar v	ith, and accept	
the obligat	tions of registered agent.		•	J J			,	
SIGNATURE.								
1	Signature, typed or printed name of registered agen	t and trife if applicable. (NOTE: F	legistered Agent signatur	re required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaign		\$5.00 May Be			•	
After M	ay 1, 2007 Fee will be \$550	.00 Trust Fund Contrib	oution.	Added to Fees				
40	OFFICERS AND	DIRECTORS	1 44	ADDITION	LOUANIOTO TO O	TEIOTEO AND DIDEOT	000 111 44	
10.	· · · · · · · · · · · · · · · · · · ·		11.	AUUTTONS	CHANGES TO OF	FFICERS AND DIRECT		
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STREET ADORESS	6347 BRANDYWINE DR. N.		STREET ADDRESS	11020	シーク しょう	JAN DIC.	0.6	
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

april 2007

911 4360

☐ Change

☐ Addition