


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90209 015 ***150.00

DOCUMENT #681974 1. Entity Name FLAMINGO EQUITIES, INC.	
--	---

Principal Place of Business 702 LAYMOND CIR ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 250 LANCER OAK DR APOPKA, FL 32712 US
--	---

40037412



2. Principal Place of Business - No P.O. Box # 702 RAYMOND CIR.	3. Mailing Address 702 RAYMOND CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02182008 Chg-P CR2E034 (12/06)

City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS	4. FEI Number 59-2016274	Applied For Not Applicable
Zip 32714	Country USA	Zip 32714	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HORWITZ, BELINDA P 250 LANCER OAK DRIVE APOPKA, FL 32-7125	7. Name and Address of New Registered Agent Name HORWITZ, BELINDA P. Street Address (P.O. Box Number is Not Acceptable) 702 RAYMOND CIR City ALTAMONTE SPRINGS FL Zip Code 32714
---	---

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 BELINDA HORWITZ DATE 2/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP HORWITZ, BELINDA P 250 LANCER OAK DR APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORWITZ, BELINDA P. 702 RAYMOND CIR. ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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: BELINDA HORWITZ DATE 2/29/08 DAYTIME PHONE # 1-877-774-4713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR