


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90091 036 ****61.25

DOCUMENT # 714274 1. Entity Name GERMAINE TERRACE, INC.					
Principal Place of Business 3223 NE 36TH TERRACE STREET # 5 FORT LAUDERDALE, FL 33308 US				Mailing Address PO BOX 452199 SUNRISE, FL 33345 US	
2. Principal Place of Business - No P.O. Box # 8360 W Oakland Park Blvd		3. Mailing Address Suite, Apt. #, etc.		02172007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc.		4. FEI Number 59-1352859	
City & State Sunrise FL		City & State		Applied For Not Applicable	
Zip 33351		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, PAUL C/O USA SERVICES 6915 TAFT STREET HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name Tucker & Tighe, P.A. Street Address (P.O. Box Number is Not Acceptable) 800 E Broward Blvd #710 City Fort Lauderdale FL Zip Code 33301	
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 <u><i>Theresa Tighe, Pres</i></u> DATE <u><i>3/19/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEARNS, JENESSA M 3223 NE 36TH ST. FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Braguta, Tiffany <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STRATOULY, OLGA 3223 NE 36H ST FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	sec John Sneed 3223 NE 36th # 2 FT. Lauderdale 7-33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 617, 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: <u><i>Olga L. Stratouly</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					