


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 023 \*\*\*\*61.25

**DOCUMENT # 721839**  
 1. Entity Name  
**EMBASSY TOWER II, INC.**



Principal Place of Business  
**2715 N. OCEAN BLVD.  
 FT LAUDERDALE, FL 33308**

Mailing Address  
**2715 N. OCEAN BLVD.  
 FT LAUDERDALE, FL 33308**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03152007 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-1457703**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KATZMAN & KORR, P.A.  
 1501 NW 49TH STREET  
 SUITE 202  
 FORT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEBLEIN, LAWRENCE A</b> <b>2715 N OCEAN BLVD. #15A</b> <b>FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VOGEL, SAMRA</b> <b>2715 N OCEAN BLVD., #2C</b> <b>FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MERCADO, ELISIO</b> <b>2715 N OCEAN BLVD 15B</b> <b>FORT LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUESADA, ROBERT</b> <b>2715 N OCEAN BLVD PH-D</b> <b>FT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RENNIA, ROSEMARIE</b> <b>2715 N OCEAN BLVD #12-D</b> <b>FORT LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SIDES, EUGENE</b> <b>2715 N OCEAN BLVD. #12F</b> <b>FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Sohna Brady</b> <b>2715 N Ocean Blvd 15E</b> <b>Ft Lauderdale, FL 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>William moreano</b> <b>2715 n ocean Blvd #6C</b> <b>Ft Lauderdale, FL 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Eugene Munz</b> <b>2715 N Ocean Blvd #16C</b> <b>Ft Lauderdale FL, 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Samra Vogel</b> <b>2715 N Ocean Blvd #2C</b> <b>Ft Lauderdale FL 33308</b>	<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:** Elisio Mercado **Elisio Mercado** 9/564.2166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 3.16.07