

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90089 043 ****61.25

DOCUMENT # 743057

1. Entity Name

MEADOWBROOK A,B,C,D, INC.



Principal Place of Business

219 NE 14TH AVE
#104
HALLANDALE FL 33009
US

Mailing Address

219 NE 14TH AVE
#104
HALLANDALE FL 33009
US



2. Principal Place of Business

219 NE 14th Ave

Suite, Apt. #, etc.

#204

City & State

Hallandale Bch, FL

Zip
33009

Country
USA

3. Mailing Address

219 NE 14th Ave

Suite, Apt. #, etc.

#204

City & State

Hallandale Beach, FL

Zip
33009

Country
USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1874839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTO, FELIX
233 NE 14TH AVE.
#503
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name Sheila Cizmadia

Street Address (P.O. Box Number is Not Acceptable)

219 NE 14th Ave #204

City

Hallandale Beach

FL

Zip Code

33009

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 Sheila Cizmadia, Director/Secretary

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	DP	Delete
NAME	WEINSTEIN, MICHAEL	
STREET ADDRESS	219 NE 14TH AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	D	<input type="checkbox"/> Delete
NAME	DRAGIF, ANNA	
STREET ADDRESS	219 N.E. 14TH AVENUE	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	

TITLE	D	Delete
NAME	MARCUS, JUDITH	
STREET ADDRESS	232 NE 12TH AVE # 308	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MAKOWICZ, STANLEY	
STREET ADDRESS	219 NE 14TH AVE	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DELMUS	
STREET ADDRESS	232 NE 12TH AVE # 405	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CASIO, FELIX	
STREET ADDRESS	233 NE 14TH AVE., #503	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, MICHAEL	
STREET ADDRESS	233 NE 14th Ave	
CITY-ST-ZIP	Hallandale Beach FL 33009	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, JUDITH	
STREET ADDRESS	232 NE 12th Ave	
CITY-ST-ZIP	Hallandale Beach FL 33009	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODOROV, TODOR	
STREET ADDRESS	233 NE 14th AVE	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIPSENTHAL, ROBERT	
STREET ADDRESS	232 NE 12th Ave	
CITY-ST-ZIP	Hallandale Beach FL 33009	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIZMADIA, SHEILA	
STREET ADDRESS	219 NE 14th Ave	
CITY-ST-ZIP	Hallandale Beach FL 33009	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sheila Cizmadia, DS

Sheila Cizmadia 4/28/06 954 454 2269