

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90022 010 ****61.25

DOCUMENT # 743057

1. Entity Name

MEADOWBROOK A,B,C,D, INC.



Principal Place of Business

219 NE 14TH AVE
STE 204
HALLANDALE FL 33009
US

Mailing Address

219 NE 14TH AVE
STE 204
HALLANDALE FL 33009
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

CIZMADIA, SHEILA
219 NE 14TH AVE STE 204
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
DRAGIF, ANNA
219 N.E. 14TH AVENUE
HALLANDALE BEACH FL 33009 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
TODOROV, TODOR
233 NE 14TH AVE
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
LIPSENTHAL, ROBERT
232 NE 12TH AVE
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
CIZMADIA, SHEILA
219 NE 14TH AVE
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
JUDITH MARCUS
232 NE 12TH AVE
HALLANDALE FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
TODOR TODOROV
233 NE 14TH AVE
HALLANDALE FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
ROBERT LIPSENTHAL
232 NE 12TH AVE
HALLANDALE FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
JOSEPH LAURINO
232 NE 12TH AVE
HALLANDALE FL 33009 ☐ Change ☒ Addition

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 SHEILACIZMADIA

Date

Daytime Phone #

4/27/07 954454-2269