

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Rec'd 4/23/08

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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
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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 (10/07)
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 CIZMADIA, SHEILA 219 NE 14TH AVE STE 204 HALLANDALE FL 33009	
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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 <i>Sheila Cizmadia</i>	4/25/08

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	☐ Change ☐ Addition U000000925103 05/20/08-80012-016 61.25
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARCUS, JUDITH 232 NE 12TH AVE # 308 HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TODOROV, TODOR 233 NE 14TH AVE HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIPSENTHAL, ROBERT 232 NE 12TH AVE HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CIZMDIA, SHEILA 219 NE 14TH AVE HALLANDALE FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 included 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.	
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SIGNATURE *Sheila Cizmadia Secretary/Director* 4/25/08 95-4454 2269