


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 825212
1. Entity Name
THE KISLAK COMPANY, INC.



Principal Place of Business
**7900 MIAMI LAKES DR. W.
MIAMI LAKES, FL 33016-2897**

Mailing Address
**7900 MIAMI LAKES DR. W.
MIAMI LAKES, FL 33016-2897**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1913039 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DR W.
MIAMI LAKES, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000616162
02/07/07-80017-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KISLAK, JAY
STREET ADDRESS	7900 MIAMI LAKES DR. W.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	SVP
NAME	STILES, LINDA M
STREET ADDRESS	1000 RT. 9
CITY-ST-ZIP	WOODBIDGE, NJ 07095
TITLE	AVP
NAME	RODRIGUEZ, CHRISTY
STREET ADDRESS	7900 MIAMI LAKES DR. W.
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	DSVP
NAME	BARTELMO, THOMAS
STREET ADDRESS	7900 MIAMI LAKES DR, WEST
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	P
NAME	WIENER, JEFFREY
STREET ADDRESS	1000 ROUTE 9
CITY-ST-ZIP	WOODBIDGE, NJ 07095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:  **AVP** **1/24/07** **(305) 364-4101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Christy Rodriguez