## **2007 FOR PROFIT CORPORATION**

,,,,,	ANNUAL	REPURI	Apr 12, 200/ 08:00			
DOCUMENT # F02000003752				Secretary of State		
1. Entity Nar LAW OF	me FICE OF GERALD SOLOMO		]			
	•					
•	ce of Business	Mailing Address		1		
9857 MAJESTIC WAY BOYNTON BEACH, FL 33437 9857 MAJESTIC WAY BOYNTON BEACH, FL 33437						
		·		 	 	
			. 1	01082007 No Chg-	P CR2E03	34 (11/05)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
		,	•	52-1809283		Not Applicable \$8.75 Additional
			!	5. Certificate of Status Des	red 🗆	Fee Required
	6. Name and Address of Current R	egistered Agent	-			
SOLOMON, GERALD 9857 MAJESTIC WAY			gard to the year	DO NOT	WRITE	
	N BEACH, FL-33437,	- 1 <u>4.</u>	1 1 1 1	IN THIS	_	, 1
			gh disabigog and see a			
	a named entity submits this statement for	the purpose of changing its registe	red office or register	red agent, or both, in the State	of Florida. I am fi	amiliar with, and accept
the obliga	tions of registered agent.			٠.		,
SIGNATURE	Signature, typed or printed name of registered agant an	d title if applicable (NOTE: Registe	red Agent signature required	d when reinstating)	DATE	
F(L	.E NOW!!! FEE IS \$150.00	9. Election Campaign Fins		.00 May Be		
	ay 1, 2007 Fee will be \$550.0		Add	ed to Fees		311
TITLE	C OFFICERS AND D	IRECTORS .		•		
NAME	SOLOMON, GERALD				0000007027	72 <b>0</b>
STREET ADDRESS CITY-ST-ZIP	9857 MAJESTIC WAY BOYNTON BEACH, FL 33437					10-001 150.00
TITLE			٠,			•
NAME STREET ADDRESS		`				
CITY-ST-ZIP			, ,			
TITLE						
NAME STREET ADDRESS				DO NOT	MOITE	_
CITY-ST-ZIP		<u>.                                    </u>	_	DO NOT		
TITLE NAME				IN THIS	SPACE	
STREET ADDRESS			,		<b>k</b>	
CITY-ST-ZIP						
NAME						
STREET ADDRESS						
CITY-ST-ZIP TITLE			<b>-</b>  ,			,
7 1 1 Marie			_ ,			l l

12. I hereby certify that the information supplied with this filling 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.

GERALD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

541-735-3536

Daytime Phone #