## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # F02000005849**



05-14-2007 90089 016 \*\*\*150.00 ALTADIS MANAGEMENT SERVICES CORPORATION Principal Place of Business Mailing Address 40112685 5900 N. ANDREWS AVENUE 5900 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 01-0610671 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELLIS, GARY R Street Address (P.O. Box Number is Not Acceptable) 5900 N. ANDREWS AVENUE FORT LAUDERDALE, FL 33309 City Zip Code FL 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, typed or printed game of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CP Delete ☐ Change Addition TITLE ШŒ FOLZ THEO NAME NAME 5900 N. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP DIDE Delete TITLE ☐ Change ☐ Addition NAME ELLIS, GARY R NAME STREET ADDRESS 5900 N. ANDREWS AVENUE STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIFLE ☐ Change ☐ Addition CEDENO, JHONNY NAME NAME STREET ADDRESS 5900 N. ANDREWS AVENUE STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE, FL 33309 CITY-ST-7IP □ Delete TITLE ☐ Change ☐ Addition TITLE SETRAKIAN, BERGE NAME NAME STREET ADDRESS 200 PARK AVENUE STREET ADDRESS NEW YORK, NY 10166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

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 of 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 adaptive of the corporation with an address, with all other like empowered.

SIGNATÚRÉ

954-712-9000

**FILED** 

May 14, 2007 8:00 am Secretary of State