# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F98000002857

1. Entity Name
THE PEEBLES CORPORATION

FILED
07 JUL 20 AM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06252007 Chg-P CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 550 BILTMORE WAY<br>STE 970<br>MIAMI, FL 33134 | 550 BILTMORE WAY<br>STE 970<br>MIAMI, FL 33134 |

| 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 |

4. FEI Number 52-1878092 ☐ 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 |
|---|---|
| CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**Amended AR is $61.25**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>PEEBLES, R. D<br>550 BILTMORE WAY STE 970<br>MIAMI, FL 33134 | ☐ Delete | CEO/D<br>Peebles, R Donahue<br>550 Biltmore Way, Suite 970<br>Coral Gables, FL 33134 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP<br>GRIMM, DANIEL H<br>550 BILTMORE WAY #970<br>MIAMI, FL 33134 | ☐ Delete | Director<br>Peebles, Katrina<br>550 Biltmore Way, Suite 970<br>Coral Gables, FL 33134 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>GASKELL, JUDITH<br>550 BILTMORE WAY #970<br>MIAMI, FL 33134 | ☑ Delete | T<br>Shannon, Karr<br>550 Biltmore Way, Suite 970<br>Coral Gables, FL 33134 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HOFFMAN, STUART K<br>550 BILTMORE WAY STE 970<br>CORAL GABLES, FL 33134 | ☐ Delete | P/D<br>Hoffman, Stuart K<br>550 Biltmore Way, Suite 970<br>Coral Gables, FL 33134 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Moore, Lloyd<br>550 Biltmore Way, Suite 970<br>Coral Gables, FL 33134 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 200108387692<br>08/21/07--01054--011 **61.25 | ☐ Change ☐ Addition |

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:** _____ STUART K. HOFFMAN 6/25/07 305 442 4342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #