


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G78178		
1. Entity Name FILINGS, INC.		

FILED  
07 APR 27 AM 9:17

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311-4132	Mailing Address 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311-4132
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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

04202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2517007	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HEYMAN, L 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYMAN, LESLIE	NAME	
STREET ADDRESS	3732 N.W. 16TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, ROBERT	NAME	
STREET ADDRESS	3732 NW 16TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FL. LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYMAN, BONNIE	NAME	
STREET ADDRESS	3732 NW 16TH ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, TERESA	NAME	
STREET ADDRESS	3732 NW 16TH ST.	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BRENDA	NAME	
STREET ADDRESS	3732 NW 16TH ST	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #