

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 29 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G78178

1 Entity Name
FILINGS, INC.



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



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2517007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HEYMAN, L
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HEYMAN, LESLIE
REGISTERED ADDRESS	3732 N.W. 16TH ST.
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33311
TITLE	V
NAME	HAYDEN, ROBERT
REGISTERED ADDRESS	3732 NW 16TH ST.
CITY-STATE-ZIP	FL. LAUDERDALE, FL 33311
TITLE	VP/D
NAME	HEYMAN, BONNIE
REGISTERED ADDRESS	3732 NW 16TH ST
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33311
TITLE	VP
NAME	ROMAN, TERESA
REGISTERED ADDRESS	3732 NW 16TH ST.
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
REGISTERED ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
REGISTERED ADDRESS	
CITY-STATE-ZIP	

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04/30/08--01002--019 **150.00

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #