

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 30 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-30-07



11062007 Chg-P CR2E034 (12/06)

4. FEI Number **58-1572338** 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

KAYDEN, BERNARD H
10312 SHIREOAKS LANE
BOCA RATON, FL 33498

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 _____ (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 **VD** ☐ Delete
NAME **KAYDEN, MILDRED**
STREET ADDRESS **10312 SHIREOAKS LANE**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE **V** ☐ Change ☒ Addition
NAME **Steven Levin**
STREET ADDRESS **925 S. Federal Highway, Suite 425**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **S** ☐ Delete
NAME **SANDA, LAMBERT**
STREET ADDRESS **2855 WOODLAND DRIVE N.W**
CITY-ST-ZIP **WASHINGTON, DC 20008**

TITLE ☐ Change ☐ Addition
NAME **600112804966**
STREET ADDRESS **12/04/07--01012--012**
CITY-ST-ZIP ****\$1.25**

TITLE **TD** ☐ Delete
NAME **KAYDEN, BERNARD**
STREET ADDRESS **10312 SHIREOAKS LANE**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KAYDEN, JEROLD**
STREET ADDRESS **11 CLEMENT CIR**
CITY-ST-ZIP **CAMBRIDGE, MA 02138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 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: B. H. Kayden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/07 561-948-7110
Date Daytime Phone #