MAR-09-2007(FRI) 14:45 RUDOLF HOFFMAN

FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90066 003 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H43667

1. Entity Name
S.R.E.M. CORPORATION

40037374

Principal Place of Business	Mailing Address
2700 WEST CYPRESS CREEK ROAD SUITE D-109 FT LAUDERDALE, FL 33309	2700 WEST CYPRESS CREEK ROAD SUITE D-109 FT LAUDERDALE, FL 33309
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

03092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2528135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUDOLF & HOFFMAN, P.A.
615 NORTHEAST THIRD AVENUE
FORT LAUDERDALE, FL 33304

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. ☐ **$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	ST FRIED, SHARON D 2700 W CYPRESS CREEK ROAD STE D-109 FT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIED, Sharon D 2700 W. Cypress Creek Rd St D109 Fort Lauderdale, Florida 33309 X☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIED, ALLAN 2700 W CYPRESS CREEK ROAD, STE D-109 FT LAUDERDALE, FL 33309 ☐ Change X☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Sharon D. Fried Sharon D. FRIED 03/10/07 954-971-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #