

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H82713**

1. Entity Name  
**PHOENIX FOLIAGE, INC.**



Principal Place of Business  
**1751 NO. WILLIAMS RD.  
WINTER GARDEN, FL 34787 US**

Mailing Address  
**1751 NO. WILLIAMS RD.  
WINTER GARDEN, FL 34787 US**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2625198**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KIRWAN, DAVID B  
1751 N WILLIAMS RD  
WINTER GARDEN, FL 34787**

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE PD  
NAME KIRWAN, DAVID B  
STREET ADDRESS 711 VALENCIA SHORES DR.  
CITY- ST- ZIP WINTER GARDEN, FL 34787

TITLE VD  
NAME ROBERTS, JOSEPH C  
STREET ADDRESS 8457 N.W. 66TH ST.  
CITY- ST- ZIP MIAMI, FL 33166

TITLE AS  
NAME RUBIN, MICHAEL A  
STREET ADDRESS 420 S. DIXIE HWY, #4B  
CITY- ST- ZIP CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000742875  
05/15/07-80086-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*David B. Kirwan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/2007*  
Date

*4076562800*  
Daytime Phone #