

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90392 029 \*\*\*150.00

**DOCUMENT # K25462**

1. Entity Name

CURTIS PUBLISHING COMPANY



Principal Place of Business

8033 NW 36TH ST., SUITE 438  
P.O. BOX 526600  
MIAMI FL 33166

Mailing Address

8033 NW 36TH ST., SUITE 438  
P.O. BOX 526600  
MIAMI FL 33166

2. Principal Place of Business - No P.O. Box #

3000 SW 148th Ave  
Suite, Apt. #, etc.  
#112

3. Mailing Address

P.O. Box 526600  
Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miami, FL

Zip

33027

Country

Broward

Zip

33152

Country

Miami-Dade

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0059073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional \*  
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, RONALD L. ESQ  
1800 CORPORATE BLVD NE SUITE 302  
BOCA RATON FL 33431

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME CURTIS, DEBRA L  
STREET ADDRESS 5433 NW 94 DORAL PL  
CITY- ST- ZIP MIAMI FL 33178 ☐ Delete

TITLE V  
NAME COHEN, ANDY  
STREET ADDRESS 1960 SW 72ND AVE  
CITY- ST- ZIP PLANTATION FL ☐ Delete

TITLE ST  
NAME CARR, TAMARA  
STREET ADDRESS 1259 WEDGEWOOD CIRCLE  
CITY- ST- ZIP SALINE MI 48176 ☐ Delete

TITLE P  
NAME THOMAS, CURTIS  
STREET ADDRESS 5433 NW 94 DORAL PL  
CITY- ST- ZIP MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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 Section 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:

*Thomas M. Curtis* 4/19/07 305.594.0508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #