

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90007 039 \*\*\*150.00

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02082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # K46990</b> 1. Entity Name <b>THE GREAT ESCAPE, INC.</b>					
Principal Place of Business <b>801 MADRID STE - 5 CORAL GABLES, FL 33134 US</b>			Mailing Address <b>801 MADRID STE - 5 CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>65-0090524</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  <b>LEE, RICHARD J. P.A. 2655 LEJEUNE RD FIFTH FLOOR CORAL GABLES, FL 33134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b>      Zip Code</span>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAIAZZO, TINA LOUISE 6209 SW 14TH ST MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CAIAZZO, TINA LOUISE 6209 SW 14TH ST MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <b>2-20-07</b> Daytime Phone #: <b>305 447-6563</b>		

**ATTACHMENT**

40022586

Instructions For #K46990

**Corporation Annual Report**

Year 2007

Due Date: MAY 1, 2007

**\$400 PENALTY FEE IF FILED LATE.**

**Your Annual Report Notice from Florida Department of State Division of Corporations contains **Three** filing options listed below:**

1. Visit www.sunbiz.org and file online with your credit card and pay online

**Or**

2. Download preprinted form from www.sunbiz.org make a copy for your file and mail the original downloaded form along with a check (See instructions below).

**Or**

3. Send the postcard you receive by mail to the Division of Corporations To receive a form by Mail

Remittance: Payment of \$ 150.00 is required.  
If filed after May 1, 2007 payment will be  
be \$550.00.

Payable To: Florida Department of State  
(Write your Federal ID No: on your check)

Mail To: Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

Signature: Remember to sign and date the return on Page 1.