

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # K49271

1. Entity Name

BOUGAINVILLEA ON THE BEACH, INC.



Principal Place of Business
2813 N SURF RD
HOLLYWOOD FL 33019

Mailing Address
2813 N SURF RD
HOLLYWOOD FL 33019



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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0096688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VITALE, GREGORY
800 SOUTH FEDERAL HWY
HOLLYWOOD FL 33020

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 resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	HERZOG, CLAUDIA	
STREET ADDRESS	2813 N. SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HERZOG, KARL	
STREET ADDRESS	2813 N. SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000628325
02/16/07-80010-010 150.00

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:

Claudia Herzog CLAUDIA HERZOG 2/6/07 954-925-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Copy

Daytime Phone #