

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # K50772	
1. Entity Name COLUMBIA WESTCHESTER DEVELOPMENT CORPORATION	

Principal Place of Business % JUDITH VETTER 825 S. BAYSHORE DR, STE 1643 MIAMI, FL 33131	Mailing Address % JUDITH VETTER 825 BRICKELL BAY DR. MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0097754	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VETTER, JUDITH 825 S. BAYSHORE DR SUITE 1643 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____

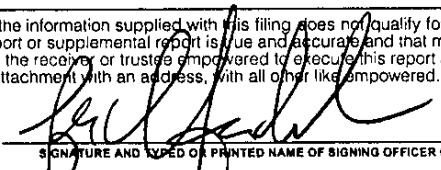
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDELSON, LAURANS A. 825 S. BAYSHORE DR #1643 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDELSON, ARLENE 825 S. BAYSHORE DR #1643 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VETTER, JUDITH 825 S. BAYSHORE DR #1634 MIAMI, FL
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04/24/07-80044-021 150.00

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: 	Laurans A. Mendelson	4/12/07	305-374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
President			