

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90038 042 ***150.00

DOCUMENT # K593-10	
1. Entity Name THE TREE TEAM, INC.	

Principal Place of Business 4401 TRADEWINDS AVE #209 FORT LAUDERDALE FL 33308 US	Mailing Address 1501 SW 5TH ST FORT LAUDERDALE FL 33312 US
--	--



2. Principal Place of Business - No P.O. Box # 4401 W. Tradewinds Ave.	3. Mailing Address 4401 W. Tradewinds Ave.
Suite, Apt. #, etc. *209	Suite, Apt. #, etc. *209

1st MOORE CR2E034 (10/07)

City & State Lauderdale By The Sea FL	City & State Lauderdale By The Sea FL
Zip 33308	Zip 33308
Country USA	Country USA

4. FEI Number 65-0101847	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent REMY, TANYA 1501 SW 5 ST. FT LAUDERDALE FL 33312	
7. Name and Address of New Registered Agent Name: DANIEL REMY Street Address (P.O. Box Number is Not Accepted): 1501 SW 5 ST FT. LAUD FL 33312 City: FT. LAUDERDALE FL Zip Code: 33312	

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.

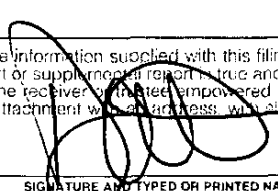
SIGNATURE _____ (NOTE: Registered Agent must sign and date when completing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD REMY, DANIEL 1501 SW 5 ST. FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REMY, KEVIN 2800 NE 21 TERR. FT LAUDERDALE FL 33306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 of the corporation 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:  **DATE:** **MARCH 26, 2008** **DEPT. PHONE #:** **954-523-3900**