

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-15-2005 90029 004 ***150.00

DOCUMENT # K95727

1. Entity Name
3700 SO. DIXIE, INC.



Principal Place of Business
2204 NOTRE DAME DRIVE
LAKE WORTH, FL 33460-6355 US

Mailing Address
2204 NOTRE DAME DRIVE
LAKE WORTH, FL 33460-6355 US

66009928



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1033852	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, ROBERT S.
1655 PALM BEACH LAKES BLVD.
FORUM III, SUITE 502
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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

3-10-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEJAHAM, ALAIN
STREET ADDRESS	2204 NOTRE DAME DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 334606355

TITLE	STD
NAME	SEIGNER, GERTRUDE
STREET ADDRESS	2204 NOTRE DAME DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 334606355

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

4-11-05