2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K95727

1. Entity Name

3700 SO. DIXIE, INC.

Principal Place of Business	Mailing Address
2111 NOTRE DAME DRIVE	2111 NOTRE DAME DRIVE
LAKE WORTH, FL 33460 US	LAKE WORTH, FL 33460 US

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1033852	Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	U00000653926 03/13/07-80041-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEJAHAM, ALAIN
STREET ADDRESS	2111 NOTRE DAME DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	STD
NAME	SEIGNER, GERTRUDE
STREET ADDRESS	2111 NORTRE DAME DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: X_____ A. de JAHAM   2/22/07   561-585-4953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #