

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # L02135

1. Entity Name

F. MOELLER SEARSTOWN MANAGEMENT
CORPORATION, INC



Principal Place of Business

9117 SW 72ND AVE
MIAMI, FL 33156 US

Mailing Address

9117 SW 72ND AVE
MIAMI, FL 33156 US



01072007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0159777

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISENER, FRANK H
9117 S.W. 72 AVENUE
MIAMI, FL 33156

**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

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

00000603600
01/25/07-60020-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEISENER, FRANK
STREET ADDRESS	9117 S.W. 72ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VPSD
NAME	OHREM, FRANZ DR
STREET ADDRESS	9117 SW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 recipient of a 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 #

FRANK WEISENER

1/16/07

(305) 645-5276