

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90042 034 \*\*\*150.00

20004991



02152007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0204046

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

## 6. Name and Address of Current Registered Agent

SEGAL, MIKE  
ONE BISCAYNE TOWER 21ST FL  
2 S BISCAYNE BLVD  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Duplicate <input type="checkbox"/> Delete
NAME	SEGAL, MIKE	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD., SUITE 3000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, MIRIAM A	
STREET ADDRESS	2 S BISCAYNE BLVD 21ST FL	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEGAL, MIKE	
STREET ADDRESS	2 S BISCAYNE BLVD 21ST FL	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEAR, MURRAY D	
STREET ADDRESS	2 S BISCAYNE BLVD 21ST FL	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO-MERMELL, JEANETTE	
STREET ADDRESS	2 S BISCAYNE BLVD 21ST FL	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FASCO, GISELA	
STREET ADDRESS	2 S BISCAYNE BLVD 21ST FL	
CITY-ST-ZIP	MIAMI, FL 33131	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanders, Lourdes	
STREET ADDRESS	2 S. Biscayne Blvd., 21st Fl.	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond, Mark F.	
STREET ADDRESS	2 S. Biscayne Blvd., 21st Fl.	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mike Segal 2/16/07 305-373-9419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #