

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 017 ***158.75

DOCUMENT # L14670

1. Entity Name
EISNOR INVESTMENTS, INC.



Principal Place of Business
**14352 SW 142 AVENUE
MIAMI, FL 33186**

Mailing Address
**14352 SW 142 AVENUE
MIAMI, FL 33186**

40115610



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0140010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EISNOR, WILLIAM J. , Jr.
1238 ANASTASIA AVE.
CORAL GABLES, FL 33134**

**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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EISNOR, WILLIAM J. DELETE
STREET ADDRESS	1238 ANASTASIA AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	XXX President/Director
NAME	EDELSTEIN, MARY LOU
STREET ADDRESS	1238 ANASTASIA AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	EISNOR, RICHARD DAVID
STREET ADDRESS	1238 ANASTASIA AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	EISNOR, CASEY DEAN
STREET ADDRESS	1238 ANASTASIA AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	VD
NAME	EISNOR, WILLIAM J JR
STREET ADDRESS	14352 SW 142 AVE
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	Sect'y/Treasurer/Director
NAME	Eisnor, Louise
STREET ADDRESS	1238 Anastasia Ave.
CITY - ST - ZIP	Coral Gables, FL 33134

**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 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

4/30/07 **305-233-4452**
Date Daytime Phone #