


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L65667 1. Entity Name CHERYL KAUFMAN REAL ESTATE, INC. |  |
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|---|---|
| Principal Place of Business 1065 NE 125TH ST SUITE 405 NO MIAMI, FL 33161 US | Mailing Address 1065 NE 125TH ST SUITE 405 NO MIAMI, FL 33161 US |
|---|---|



02272007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0201705 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KAUFMAN, CHERYL E
3025 QUAYSIDE LANE
NORTH MIAMI, FL 33181

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

U00000670907
03/28/07-80007-017 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD KAUFMAN, CHERYL 1065 NE 125 STRET MIAMI, FL 33161 |
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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: Cheryl E. Kaufman Cheryl E. Kaufman 3/9/07 3058953357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #