


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90001 025 \*\*\*150.00

**DOCUMENT # M28889**  
 1. Entity Name  
 EILEEN KRAMER, INC.



Principal Place of Business  
 19955 NE 38TH CT  
 #504  
 AVENTURA, FL 33180


Mailing Address  
 19955 NE 38TH CT  
 #504  
 AVENTURA, FL 33180

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



02222006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-2672172

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

FAVOR KRAMER, EILEEN  
 19955 N.E. 38TH CT.  
 # 504  
 AVENTURA, FL 33180

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVOR KRAMER, EILEEN 19955 NE 38TH #504 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Eileen Kramer Feb 28/06 786-280-2223  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
40023976  
Division of Corporations

Annual Report

Annual Report Help

Document Number  
M28889  
Business Entity Name  
EILEEN KRAMER, INC.

FEI Number 592672172  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

Principal Place of Business

Address 19955 NE 38TH CT  
Suite, Apt. #, etc. #504  
City, State AVENTURA, FL  
Zip Code & Country 33180

Mailing Address

Address 19955 NE 38TH CT  
Suite, Apt. #, etc. #504  
City, State AVENTURA, FL  
Zip Code & Country 33180

Name and Address of Registered Agent

Name (Last, First, Middle, Title) FAVOR KRAMER EILEEN

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 19955 N.E. 38TH CT.  
Suite, Apt. #, etc. # 504  
City, State AVENTURA, FL  
Zip Code & Country 33180 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT  
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#M28889

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

*Eileen Kramer*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD  
Name (Last, First, Middle, Title) FAVOR KRAMER, EILEEN, ,

- OR -

Entity Name to serve as Officer/Director

Street Address 19955 NE 38TH #504  
City, State AVENTURA, FL  
Zip Code & Country 33180

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

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Name (Last, First, Middle, Title)

[Redacted Name Field]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name Field]

Street Address

[Redacted Street Address Field]

City, State

[Redacted City, State Field]

Zip Code & Country

[Redacted Zip Code & Country Field]

Title

[Redacted Title Field]

Name (Last, First, Middle, Title)

[Redacted Name Field]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name Field]

Street Address

[Redacted Street Address Field]

City, State

[Redacted City, State Field]

Zip Code & Country

[Redacted Zip Code & Country Field]

Title

[Redacted Title Field]

Name (Last, First, Middle, Title)

[Redacted Name Field]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name Field]

Street Address

[Redacted Street Address Field]

City, State

[Redacted City, State Field]

Zip Code & Country

[Redacted Zip Code & Country Field]

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

[Handwritten Signature] Feb 16/06

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset