2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2007 8:00 am DOCUMENT # M84117 **Secretary of State** 1. Entity Name 01-23-2007 90039 027 ***150.00 TRACY D. WEINTRAUB, C.P.A., P.A. Principal Place of Business Mailing Address 511 SE 5TH ST APT 1804 511 SE 5TH ST APT 1804 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4, FEI Number 65-0052937 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINTRAUB, TRACY D. Street Address (P.O. Box Number is Not Acceptable) 1557 SAWGRASS PKWY #130 FORT LAUDERDALE FL 33323 8. The above named entity submits this statement for the purpose of shanging 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TRACY O Well Want вш Delete 100 🗶 Change Addition WEINTRAUB, TRACKY D. JII SE J th AVE Apt 1804 Fort Landertole F/ 3330/ Ellen R. Weintrand Do NAM NAMI 511 SE 5TH ST APT 1804 STREET ADDRESS STREET ADORESS FORT LAUDERDALE FL 33301 CITY ST-ZIP CHY SLZIP X Change 11111 ☐ Delete OHC Addition WEINTRÄB, ELLEN R. NAME JI SE JH AVE APT (80) 511 SE 5TH ST APT 1804 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CHY ST ZIE CHY-SL ZIP Delete THIE TIME Change Addition NAMI NAMI STREET ADDRESS STREET LADDRESS CITY ST ZIP CHY St ZIP ☐ Delete Ш Change ■ Addition NAME NAMI STRUET ADDRESS STREET ADDRESS CHY-SE ZIP CHY SEZIE THEF Delete ши ☐ Change ☐ Addition NAMI NAMI STREET LADDRESS STULL FADDRESS CHY ST /IP CHY SLZIP ■ Addition TIME Delete 11111 ☐ Change NAMI STREET ADORESS STREET ADDRESS CHY ST-7IP CHY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

| No. | Aut |

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND