


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # N42905**

1. Entity Name  
**FIRE RESCUE STATION #52, INCORPORATED**



Principal Place of Business  
**4492 BOCAIRE BLVD.  
 BOCA RATON, FL 33487 US**

Mailing Address  
**C/O STEVEN WARM  
 2101 CORPORATE BOULEVARD, SUITE 215  
 BOCA RATON, FL 33431 US**

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0198612</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WARM, STEVEN, ESQ  
 BOCA CORPORATE CENTER STE 215  
 2101 CORPORATE BLVD  
 BOCA RATON, FL 33431**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHCHILD DORTHY 17517 VIA CAPRI BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAMUELS, GAIL 4492 BOCAIRE BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMUELS, JEROME 4492 BOCAIRE BLVD BOCA RATON, FL
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 03/23/07-80023-025 61.25

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 617, 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:** Gail Samuels **3/15** **361-997-5397**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #