

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P00000075449

1. Entity Name
KATLAW BUSINESS BROKERAGE, INC.



Principal Place of Business

9720 STIRLING RD
SUITE 203
COOPER CITY, FL 33024

Mailing Address

9720 STIRLING RD
SUITE 203
COOPER CITY, FL 33024

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1029520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALERMO, ARTHUR JR
9720 STIRLING RD
SUITE 203
COOPER CITY, FL 33024

**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 P
NAME GHOU GASIAN, KATHRYN S
STREET ADDRESS 21383 GOSIER WAY
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE S.T
NAME DEBORAH, PALERMO A
STREET ADDRESS 9720 STIRLING RD #203
CITY-ST-ZIP COOPER CITY, FL 33024

TITLE VP
NAME JEFFREY, LEMAY S
STREET ADDRESS 8826 NW 75TH CT
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME PALERMO, ARTHUR A
STREET ADDRESS 9720 STIRLING RD #203
CITY-ST-ZIP COOPER CITY, FL 33024

TITLE D
NAME GHOU GASIAN, PAUL E
STREET ADDRESS 21383 GOSIER WAY
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000702322
04/20/07-80094-009 150.00

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: Arthur Palermo Jr. 4/7/07 (954) 252-9622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #