2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90054 039 ***150.00

DOCUMENT # P00000082829

1. Entity Name
CESAR LUCIAN SCAFF, INC.

Principal Place of Business	Mailing Address
~~1311 E. LAS OLAS BLVD~~	~~1311 E. LAS OLAS BLVD~~
~~FORT LAUDERDALE FL 33301~~	~~FORT LAUDERDALE FL 33301~~

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O Box #	3. Mailing Address
936 Victoria Park Rd	936 Victoria Park Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33304 Country: USA	Zip: 33304 Country: USA

4. FEI Number 65-1039854 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TRANTALIS, DEAN J ESQ~~	Name: Kris Kocher
~~777 BAYSHORE DR, #504~~	Street Address (P.O. Box Number is Not Acceptable): 2845 NE 9 Street #802
~~FT LAUDERDALE FL 33304~~	City: Ft Lauderdale FL Zip Code 33304

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] Kocher 1-26-07
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
Make Check Payable to Florida Department of State

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 KOCHER, KRIS M 2845 N.E. 9TH ST., #802 FT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD ~~KAYCE~~, ROBERT M 2845 NE 9TH ST 802 FORT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	KRYCH, Robert M	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: [signature] Kocher 1-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #