2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106713

1. Entity Name

#203

HEAVENLY NOTES 2000, INC.

FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

3900 OAKS CLUBHOUSE DRIVE

#203 POMPANO BEACH, FL 33069 Mailing Address

3900 OAKS CLUBHOUSE DRIVE

#203

POMPANO BEACH, FL 33069



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6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 03012007 4. FEI Number Applied For 65-1070658 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

JALLAD, DORIS R 3900 OAKS CLUBHOUSE DRIVE

DO NOT WRITE

POMPANO	O BEACH, FL 33069		IN IMIS SPACE				
8. The above the obligat	lions of registered agent.				oth, in the State of Florida. I am familiar with, and accept		
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	jent signature	required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS			1		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	P JALLAD, DORIS R 3900 OAKS CLUBHOUSE DR #203 POMPANO BEACH, FL 33069						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					(100000686651 04/10/07-80003-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this fiting 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:

NAME STREET ADDRESS CITY-SY-ZIP