


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90097 011 \*\*\*150.00

**DOCUMENT # P01000030099**

1. Entity Name  
**PHYLLIS KOVENS FAMILY INVESTMENTS, INC.**



Principal Place of Business      Mailing Address

**19667 TURNBERRY WAY, APT. 9J  
 AVENTURA, FL 33180**      **4503 N.W. 103 AVENUE, # 101  
 SUNRISE, FL 33351**

**DO NOT WRITE IN THIS SPACE**



01242007    No Chg-P    CR2E034 (11/05)

4. FE Number      Applied For  
**65-1164933**      Not Applicable

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

6. Name and Address of Current Registered Agent

**KOVENS, PHYLLIS  
 19667 TURNBERRY WAY, APT. 9J  
 AVENTURA, FL 33180**

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Certificate Financing This Fund Contribution        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>KOVENS, PHYLLIS</b>
STREET ADDRESS	<b>19667 TURNBERRY WAY, APT. 9J</b>
CITY-STATE-CP	<b>AVENTURA, FL 33180</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-CP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-CP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-CP	

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12. I hereby certify that the information supplied with this filing does not comply for his exemption, but is filed in Chapter 199 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 199, 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 fees as required.

SIGNATURE: *Phyllis Kovens*      **Phyllis Kovens**      4/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR