

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**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**



01092008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-1104933**      Applies For  
 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**

**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 must be printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when removing

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

000000387180  
 04/21/08-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KOVENS, PHYLLIS 19667 TURNBERRY WAY, APT. 9J AVENTURA, FL 33180
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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 fees empowered.

SIGNATURE: Phyllis Kovens      4-6-08      Date: \_\_\_\_\_      Daytime Phone: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR