

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90075 036 ***150.00

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1. Entity Name
ONE SOUTH FEDERAL HWY INC.



Principal Place of Business
**2800 EAST COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE, FL 33308**

Mailing Address
**2800 EAST COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE, FL 33308**

40038139



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KATZ, ALLEN H
2800 EAST COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE, FL 33308**

**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	CHAMOUN, TONY
STREET ADDRESS	ONE SOUTH FEDERAL HWY
CITY - ST - ZIP	BOCA RATON, FL 33432

TITLE	VP
NAME	CHAMOUN, CARMEN
STREET ADDRESS	2800 EAST COMMERCIAL BLVD., SUITE 208
CITY - ST - ZIP	FT. LAUDERDALE, FL 33308

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **3/15/07** **561-338-7692**
Date Daytime Phone #