2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2007 08:00 AM DOCUMENT # P01000061374 **Secretary of State** ISIDOR APARTMENTS AT HARDING, INC. Principal Place of Business Mailing Address 5641 OAK GARDEN TERR 5641 OAK GARDEN TERR FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 65-1117882 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LUTWAK, DEIVID Street Address (P.O. Box Number is Not Acceptable) 5641 OAK GARDEN TERRACE FORT LAUDERDALE FL 33312 City Zip Code 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 little if applicable, (NOTE, Registered Agont signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete IIILE Change Addition LUTWAK, DEIVID NAME NAME 5641 OAK GARDEN TERR STREET ADDRESS STREET ADDRESS U00000679535 FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP 150.00SVD 11111 Change ☐ Detete HITE ☐ Addition LUTWAK, RAQUEL 5641 OAK GARDEN TERR STRUET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-7IP CITY ST-7IP LILLE ☐ Delete шиг Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZiP mu: ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE THEF Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 offect as if made under eath; 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.

RAQUELLUTWAK SOD 3/19/07
ITED NAME OF SIGNING OFFICER OR DIRECTOR
Date

FILED