

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90136 041 \*\*\*150.00

**DOCUMENT # P01000067540**

1. Entity Name  
**THE ORIGINAL CERAMICS ON WHEELS, INC.**



Principal Place of Business

**9501 N.W. 83 STREET  
TAMARAC, FL 33321**

Mailing Address

**9501 N.W. 83 STREET  
TAMARAC, FL 33321**

**40045684**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-1121829**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MODJOROS, CHERYL J  
9501 NW 83 STREET  
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name **Phyllis Robbins**

Street Address (P.O. Box Number is Not Acceptable)

**9501 NW 83 Street**

City **Tamarac**

**FL**

Zip Code  
**33321**

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 **Phyllis Robbins, President**

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  
NAME **PTD**  
STREET ADDRESS **ROBBINS, PHYLLIS**  
CITY-ST-ZIP **9501 N.W. 83 STREET  
TAMARAC, FL 33321** ☐ Delete

TITLE  
NAME **SVD**  
STREET ADDRESS **MODJOROS, CHERYL J**  
CITY-ST-ZIP **9501 NW 83 STREET  
TAMARAC, FL 33321** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Phyllis Robbins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-07**

Date

**954 298-3838**

Daytime Phone #