200	07 FOR PROFIL ANNUAL RE			ION		FILED
DOCUMENT # P01000078782			۵			Feb 16, 2007 08:00 AM Secretary of State
Principal Place of Business 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION FL 33324 2. Principal Place of Business - No P.O. Box #		Mailing Address 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION FL 33324 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
,		City & State				th MOORE CR2E034 (10/06)
City & Stato		· · · · · · · · · · · · · · · · · · ·			4. FEI Numt	05-1130408 Not Applicable
Zip	Country	Zıp	Cour	itry	5. Certificate	e of Status Desired
6. Name and Address of Current Registered Agent Name					7. Name and	d Address of New Registered Agent
				Street Address (F	s (P.O. Box Number is Not Acceptable)	
SUITE 540 PLANTATION FL 33324						
			City	FL Zip Code		
8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution.
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME WI STREET ADDRESS 15	EVP Defete WEISMAN, MICHELE E 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION FL 33324				☐ Change ☐ Addilion U00000638695 02/27/07-80041-019 150.00	
NAME BA STREET ADDRESS 15	EO AKALAR, SUSAN P 50 S PINE ISALND RD #540 DRT LAUDERDALE FL 33324	- Delete		1		Change C Addition
NAME WE STREET ADDRESS 15					🗋 Change 🔲 Addition	
NAME BA	BAKALAR, MICHAEL J 150 S PINE ISALND RD #540 SODT LAUDEDALE EL 20004				Change ( Addition	
HITLE NAME STREET ADDRESS CATY - ST - ZIP		Delete			•	Change 🗌 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	······································	Defete				Change [] Addilion
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, 1 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 exocute 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:						