

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90120 024 \*\*\*150.00

60012603



01052007 Chg-P CR2E034 (12/06)

4. FEI Number  
26-0014903

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KUTLIN, STANLEY  
6239 GREENVIEW TERRACE  
BOCA RATON, FL 33433

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (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 D  
NAME DE KLIGMAN, SARA ROITMAN  
STREET ADDRESS 2000 ISALND BLVD., UNIT 1806  
CITY-ST-ZIP MIAMI, FL 33160 ☐ Delete

TITLE D  
NAME DE KLIGMAN, AARON  
STREET ADDRESS 2000 ISLAND BLVD., UNIT 1806  
CITY-ST-ZIP MIAMI, FL 33160 ☐ Delete

TITLE D  
NAME ROITMAN, MAX KLIGHMAN  
STREET ADDRESS 2000 ISLAND BLVD., UNIT 1806  
CITY-ST-ZIP MIAMI, FL 33160 ☐ Delete

TITLE D  
NAME KLIGMAN, LILIANA  
STREET ADDRESS 2000 ISLAND BLVD., UNIT 1806  
CITY-ST-ZIP MIAMI, FL 33160 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SARA ROITMAN  
NAME KLIGMAN ☒ Change ☐ Addition

TITLE KLIGMAN AARON ☒ Change ☐ Addition

TITLE KLIGMAN MAX ☒ Change ☐ Addition

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

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

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

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

1/3/07 (561) 716-2588  
Date Daytime Phone #