

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90070 036 ***150.00

40053889



03292007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0425144 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRODIE, SIDNEY
7270 NW 12TH STREET, AIRPORT EXECUTIVE TOW
PH 1
MIAMI, FL 33126

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

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 ☐ Delete
NAME MARGO, NEAL
STREET ADDRESS 7550 NW 75 DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE DVP ☐ Delete
NAME MARTY, SANDRA L
STREET ADDRESS 1005 FAIRFAX LN
CITY-ST-ZIP WESTON, FL 33326

TITLE DVP ☐ Delete
NAME BRODIE, SIDNEY Z
STREET ADDRESS 7270 NW 12 ST
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Director ☒ Change ☐ Addition
NAME MARGO, NEAL
STREET ADDRESS 7550 NW 75 DR.
CITY-ST-ZIP PARKLAND, FL 33067

TITLE Director ☒ Change ☐ Addition
NAME MARTY, SANDRA L.
STREET ADDRESS 7550 NW 75 DR
CITY-ST-ZIP PARKLAND FL 33067

TITLE Director ☒ Change ☐ Addition
NAME BRODIE, SIDNEY
STREET ADDRESS 7270 NW 12 ST
CITY-ST-ZIP MIAMI, FL 33126

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-07 954-757-2430