

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 003 ***150.00

DOCUMENT # P02000091845

1. Entity Name
TENBROOK ASSOCIATES, INC.



Principal Place of Business
**9929 COSTA DEL SOL BLVD
MIAMI, FL 33178**

Mailing Address
**9929 COSTA DEL SOL BLVD
MIAMI, FL 33178**

40117030



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
10711 S W 104 Street
Suite, Apt. #, etc.

05092007 Chg-P CR2E034 (12/06)

City & State
Miami, Florida

4. FEI Number
55-0797021

Applied For
Not Applicable

Zip Country
33176 USA

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

6. Name and Address of Current Registered Agent

**ABBATE, ANDRE
9929 COSTA DEL SOL BLVD
MIAMI, FL 33178**

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
ABBATE, ANDRE
9929 COSTA DEL SOL BLVD
MIAMI, FL 33178**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

(305) 598-2276
Date Daytime Phone #