
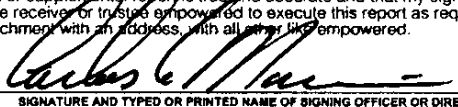


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90422 007 ***150.00

| | | | | | |
|--|--|---|---|--|--------------------------------------|
| DOCUMENT # P02000097763 1. Entity Name 2316 SOUTH DIXIE, INC. | | | |  | |
| Principal Place of Business 2316 S DIXIE HWY WEST PALM BEACH, FL 33401 | | | | Mailing Address 2316 S DIXIE HWY WEST PALM BEACH, FL 33401 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 222 Lakeview Ave | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Ste 1630 | | | |
| City & State | | City & State West Palm Beach FL | | | |
| Zip | Country | Zip 33401 | Country USA | 4. FEI Number 68-0525846 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KOEPEL, JOEL P ESQ 525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH, FL 33401 | | | 7. Name and Address of New Registered Agent Name JOEL KOEPEL Street Address (P.O. Box Number is Not Acceptable) 1016 Clearwater Place City West Palm Beach FL Zip Code 33401 | | |
| 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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD MORRISON, CARLOS 222 LAKEVIEW DR PH5 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V President Thomas Morrison 222 Lakeview Ave PH5 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Date: 4/18/07 | | Daytime Phone #: 561-832-6070 |