

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000128514

1. Entity Name
EWO AT SHERBROOKE, INC.



Principal Place of Business
**1515 SOUTH FEDERAL HIGHWAY SUITE 300
BOCA RATON, FL 33432**

Mailing Address
**1515 SOUTH FEDERAL HIGHWAY SUITE 300
BOCA RATON, FL 33432**



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0512945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GILLESPIE, R. BOWEN III
1515 SOUTH FEDERAL HIGHWAY SUITE 300
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAIS, WOLFGANG
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY SUITE 300
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	VP
NAME	GILLESPIE, BOWEN R
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY #300
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
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CITY-ST-ZIP	

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08/29/06-80001-017 550.00

**DO NOT WRITE
IN THIS SPACE**

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: R. Bowen Gillespie **8-24-06** **561-368-5758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #