

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 050 ***150.00

DOCUMENT # P03000038771

1. Entity Name

DEAN SHECHTMAN, INC.



Principal Place of Business

PO BOX 80-004053
AVENTURA FL 33280

Mailing Address

PO BOX 80-004053
AVENTURA FL 33280



2. Principal Place of Business - No P.O. Box #

PO Box 80-0053

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number

01-0778283

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACH, JAY E
2338 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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

5-31-07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
SHECHTMAN, DEAN
PO BOX 80-0053
AVENTURA FL 33280 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-07

954 2976374