## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P03000059656

MITCHEL FRIED, INC.



Principal Place of Business Mailing Address

2000 ISLAND BOULEVARD UNIT 1509 AVENTURA, FL 33160

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**FILED** Mar 12, 2007 08:00 AM Secretary of State



			THE PROPERTY OF THE PART OF THE SAME AND SAME AN			
DO NOT WRITE IN THIS SPACE		03072007	No Chg-P	CR2E034 (11/05)		
		4. FEI Numbe 65-093		Applied F Not Appli		
		5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		<del>- ! </del>				
BLAXBERG, I. BARRY 25 SE SECOND AVENUE SUITE 730 MIAMI, FL 33131		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 w				DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campai Trust Fund Cont	ign Financing \$ ribution.	55.00 May Be added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE D NAME FRIED, MITCHEL						
STREET ADDRESS 2000 ISLAND BOULEVARD CITY-ST-ZIP AVENTURA, FL 33160						
TITLE NAME			UOOO	100664302		
STREET ADDRESS			03/22/0	100664302 17-80039-007 150	).od	
CITY-ST-ZIP						
NAME	1					
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NAME						
STREET ADDRESS . CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 others the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #