

# 607 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000075754

1. Entity Name  
FLOREAN, INC.



Principal Place of Business  
2500 HOLLYWOOD BLVD STE 212  
HOLLYWOOD FL 33020

Mailing Address  
2500 HOLLYWOOD BLVD STE 212  
HOLLYWOOD FL 33020

**FILED**  
**Mar 09, 2007 08:00 AM**  
**Secretary of State**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 90-0157060

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

KLAPHOLZ, JOSEPH P  
2500 HOLLYWOOD BLVD STE 212  
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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME ELIAS, RICHARD  
STREET ADDRESS 2500 HOLLYWOOD BLVD STE 212  
CITY-STATE-ZIP HOLLYWOOD FL 33020

TITLE VP ☐ Delete  
NAME RABINOVITZ DE ELIAS, CECILIA  
STREET ADDRESS 2500 HOLLYWOOD BLVD., #212  
CITY-STATE-ZIP HOLLYWOOD FL 33020

TITLE S ☐ Delete  
NAME ELIAS, ALEXIS  
STREET ADDRESS 2500 HOLLYWOOD BLVD., #212  
CITY-STATE-ZIP HOLLYWOOD FL 33020

TITLE T ☐ Delete  
NAME ELIAS, ERICK  
STREET ADDRESS 2500 HOLLYWOOD BLVD., #212  
CITY-STATE-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000660884  
CITY-STATE-ZIP 03/20/07-80016-017 150.00

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

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/15/2007

Date

Daytime Phone #