

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90013 016 ***158.75

DOCUMENT # P03000090030

1. Entity Name
WAGENFELD LEVINE INC



Principal Place of Business
9350 S DIXIE HWY 9100 S Dadeland Blvd
PH# SUITE 1800
MIAMI, FL 33156

Mailing Address
9350 S DIXIE HWY 8000 Walton Parkway
PH# SUITE 200
MIAMI, FL 33156 New Albany, OH 43054



DO NOT WRITE IN THIS SPACE

05082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0156256

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVINE, EDWARD W
9350 S DIXIE HWY 9100 S Dadeland Blvd
PH# SUITE 1800
MIAMI, FL 33156 MIAMI, FL 33156

**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

Edward W. Levine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-07

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LEVINE, EDWARD W**
STREET ADDRESS **9350 S DIXIE HWY PH#**
CITY-ST-ZIP **MIAMI, FL 33156**
9100 S Dadeland Blvd
SUITE 1800
MIAMI, FL 33156-7817

TITLE **S**
NAME **LEVINE, EDWARD W**
STREET ADDRESS **9350 S DIXIE HWY PH#**
CITY-ST-ZIP **MIAMI, FL 33156**
8000 Walton Parkway
SUITE 200
COLUMBUS, OH 43054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 information empowered.

SIGNATURE:

Edward W. Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

614-744-8900

Daytime Phone #