2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

ANNUAL REPORT					_	Secretary of Sta			
DOCUMENT # P03000102614						3	ecretary	oi Sta	
1. Entity Nam	18 RNARD KAZDAN , P.								
i '	e of Business	1	Mailing Address						
	OR TERRACE 1 Gardens, Fl 33418	US	10 GRAEMOOR TERRACE Palm Beach Gardens, Fl. 3	3418 US					
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				· · · · · · · · · · · · · · · · · · ·	4. FEI Numbe			Not Applicable	
					5. Certificate	of Status Desired	□ \$8.75 Fee Reg	Additional uired	
	6. Name and Address o				· .				
KAZDAN,	BERNARD	,	•	3 pp 11/2.	DO	NOT W	DITE		
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	named entity submits this stations of registered agent.	atement for the	purpose of changing its register	red office or registe	red agent, or bot	th, in the State of Flo	rida. I am familiar w	ith, and accept	
SIGNATURE									
	Signature, typed or printed name of reg	natered agent and till	le if applicable. (NOTE: Register	ed Agent signature require	d when reinstating)		DATE	·	
	E NOW!!! FEE IS \$156 by 1, 2007 Fee will be		Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees				
10.		ERS AND DIRE	ECTORS	The same of the same	3932 - 133 Sept.	*** :: UUUUUU	J6U6525 -80081-024	100 00	
TITLE NAME	PRES KAZDAN, BERNARD					TOTA SUPUL		1907 00	
STREET AODRESS	10 GRAEMOOR TERRA PALM BEACH GARDEN		2						
TITLE	FALM BEAGN GARDEN	40, FE 33416	· · · · · · · · · · · · · · · · · · ·	Angely St.			Service of the service of		
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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 a true empowered.

SIGNATURE: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/28/07

Daylime Phone #