


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90027 025 ***150.00

DOCUMENT # P03000114614	
1. Entity Name REPORTAGE INC.	

Principal Place of Business 1205 N ANDREWS AVE FT. LAUDERDALE, FL 33311	Mailing Address 2800 E COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 13900 S. JOG RD # 203-276 DELRAY BEACH, FL 33446 U.S.A
Suite, Apt. #, etc.	
City & State	
Zip	Country



03052008 Chg-P CR2E034 (12/06)

4. FEI Number
85-8589268

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

6. Name and Address of Current Registered Agent ALLEN H. KATZ, P.A. 2800 E COMMERCIAL BLVD STE 208 FT. LAUDERDALE, FL 33308	
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7. Name and Address of New Registered Agent ALLEN H KATZ, P.A. 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MC ELROY, MICHAEL 1205 N ANDREWS AVE FT. LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael McElroy (X) 3/28/08 (X) 954-48-3437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #