## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 08:00 A Secretary of State

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1. Entity Nam	MÉNŤ # P030001210 ÖCER, INC.	29				- (	Secr	etary of Sta
Principal Plac 15200 JOG F DELRAY BEA		Mailing Address 7351 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446	US		i <b>183</b> 11 <b>8 8</b> 1 11	! <b>?0</b> /0 <b>?</b>  }    <b>00</b>     <b>00</b>		HEN SEKE HADA TEKSET II ISBI
DO NOT WRITE IN THIS SPACE				04172007 No Chg-P CR2E034 (11/05)  4. FEI Number				
	6. Name and Address of Current Re	gistered Agent						T do recognica
RONALD M. GACHE, P.A. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401						NOT W THIS SI		
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 il applicable. (NOTE: Registered				e required v	men reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				<b>\$5.0</b> Adde	00 May Be d to Fees		<del>,</del>	
10. OFFICERS AND DIRECTORS						3		
TITLE NAME STREET AODRESS CITY-ST-ZIP	P GOLDBERG, GARY 17657 FOXBOROUGH LANE BOCA RATON, FL 33496		:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,			
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TITLE NAME STREET ADDRESS						U000) 05/02/0	007220 7-8001	26 4-018 150.00

12. I hereby certify that the information supplied with his filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental early is true and a character 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 truetee empowered is 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Gasy GunBERG

U. 17.07

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