

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000132736

1. Entity Name  
107 NW CORP.



Principal Place of Business  
2170 NE 44 CT  
POMPANO BEACH, FL 33064

Mailing Address  
2170 NE 44TH COURT  
LIGHTHOUSE POINT, FL 33064

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



04152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

11-3708053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CIGNA, STEVEN  
2170 NE 44TH COURT  
LIGHTHOUSE POINT, FL 33064

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10: OFFICERS AND DIRECTORS**

TITLE P  
NAME CIGNA, STEVEN  
STREET ADDRESS 2170 NE 44TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE V  
NAME CIGNA, MARY  
STREET ADDRESS 2170 NE 44TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000720560  
05/01/07-80110-010 150.00

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:

*Steven Cigna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 954-421-9401  
Date Daytime Phone #