## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000023814

1. Entity Name

FLAMINGO VILLAGE CORP.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

350 S. OCEAN BLVD., #10B BOCA RATON, FL 33432 Mailing Address

350 S. OCEAN BLVD., #10B BOCA RATON, FL 33432



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 20-0795229 Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDAU, MARK 350 S. OCEAN BLVD., #10B BOCA RATON, FL 33432

## DO NOT WRITE IN THIS SPACE

No Chg-P

02152007

8. The above the obligat	named entity submits this statement for the prions of registered agent.	Lurpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE				<u></u>	
	Signature typed or printed name of registered agent and little 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		Election Campaign Finan- Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · ·	
NAME STREET ADDRESS CHY-ST-ZIP	D LANDAU, MARK 350 S. OCEAN BLVD., #10B BOCA RATON, FL 33432				000000753760 05/22/07-80032-023 150.00
THEE.  NAME  STREET ADDRESS  CITY-ST-ZIP					
NAME STREET AODRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filing does not quality 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 oddress, with all other like empowered.

SIGNATURE:

DRE AND TYPED OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayurne Phone #