

May 05, 2008 0  
Secretary of**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000030374

1. Entity Name

MYSTIC POINTE #2506, INC.



Principal Place of Business

3530 MYSTIC POINTE DRIVE #2506  
AVENTURA, FL 33180

Mailing Address

700 E. DANIA BEACH BLVD.  
SUITE 202  
DANIA, FL 33004

04222008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

75-3181484

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**VIVIES, PATRICK  
700 E. DANIA BEACH BLVD.  
SUITE 202  
DANIA, FL 33004**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, 2008 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May 80  
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WEILL, CARINE
STREET ADDRESS	3530 MYSTIC POINTE DRIVE #2506
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	WEILL, GUY
STREET ADDRESS	3530 MYSTIC POINTE DRIVE #2506
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

06/02/08-80035-018 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-2008