

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000041886**

1. Entity Name  
**SPECIALTY CORP.**



Principal Place of Business  
**120 S.E. 5TH AVE., #131  
BOCA RATON, FL 33432**

Mailing Address  
**120 S.E. 5TH AVE., #131  
BOCA RATON, FL 33432**



**DO NOT WRITE IN THIS SPACE**

08212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>75-3149941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DRAIZIN, LESTER  
120 S.E. 5TH AVE., #131  
BOCA RATON, FL 33432**

**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 \$550.00  
Due by September 14, 2007**

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

**U000000773285  
09/05/07-00004-014 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DRAIZIN, LESTER 120 S.E. 5TH AVE., #131 BOCA RATON, FL 33432</b>
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IN THIS SPACE**

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 #

**LESTER DRAIZIN** 8/29/07 X 561 415 2278