2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066597

1. Entity Name

EIGHT AT FAIRVIEW CORP.



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

P.O. BOX 4110 BOCA RATON, FL 33429 Mailing Address

P.O. BOX 4110 BOCA RATON, FL 33429



DO NOT WRITE IN THIS SPACE

02252007 No Chg-P CR2E034 (11/05)

Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 20-1102582

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, ZVI 2070 N OCEAN BLVD NO. 3 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatur	equired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, ZVI P.O. BOX 4110 BOCA RATON, FL 33429	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVIN, SARA P.O. BOX 4110 BOCA RATON, FL 33429			٠,	000000651697 03/09/07-80017-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
TITLE					

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 effect is empowered.

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STREET ADDRESS CITY-ST-ZIP

BIOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEVIN

1-27-07

561-391-923

Daytime Phone ≢