## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000069638

1. Entity Name

16 TÉRRACE ASSOCIATES, INC.



Principal Place of Business

2727 E. OAKLAND PARK BLVD.

SUITE 101

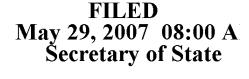
FORT LAUDERDALE, FL 33306

Mailing Address

2727 E. OAKLAND PARK BLVD.

SUITE 101

FORT LAUDERDALE, FL 33306





CR2E034 (11/05)

Daytime Phone #

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 73-1703884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

JOHNSON, BARBARA 2727 E. OAKLAND PARK BLVD. SUITE 101 FORT LAUDERDALE, FL 33306

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

No Chg-P

05232007

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 (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing \$ Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BARBARA 2727 É. OAKLAND PARK BLVD., #101 FORT LAUDERDALE, FL 33306				U00000765470
TITLE NAME STREET ADDRESS CITY-ST-ZIP					06/01/07-80006-015 150.0
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 NAME STREET ADDRESS CITY-ST-ZIP		•	e.	Anna Anna Anna Anna Anna Anna Anna Anna	** · · · · · · · · · · · · · · · · · ·
12. Thereby certify that the information supplied with this filting 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 fine 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 redeiver 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 attach fight with an address, with all other like empowered.					

NG OFFICER OR DIRECTOR