

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000090394**

1. Entity Name  
**PAPASI ENTERPRISES, INC.**



Principal Place of Business  
**7207 WEST LAKE DRIVE  
WEST PALM BEACH, FL 33406 US**

Mailing Address  
**7207 WEST LAKE DRIVE  
WEST PALM BEACH, FL 33406 US**



01142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1227688</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**

**SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410**

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SIMON, FRED L MD 4665 SOUTH CONGRESS AVENUE, SUITE 100 LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOGAN, PAMELA 7207 WEST LAKE DRIVE WEST PALM BEACH, FL 33406</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SPECIAN, PATRICIA 4665 SOUTH CONGRESS AVENUE, SUITE 100 LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000661898  
03/20/07-80061-011 150.00

**DO NOT WRITE  
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: *Pamela Logan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/7 561-965-8121

Date

Daytime Phone #