

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 015 ***150.00

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1. Entity Name
MYR PARTY, CORP.



Principal Place of Business
17850 N.W 2ND STREET UNIT 201
PEMBROKE PINES, FL 33029

Mailing Address
17850 N.W 2ND STREET UNIT 201
PEMBROKE PINES, FL 33029

40029809



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-1542842

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEISERSON, NATALIO J
3784 N.E. 209TH TERRACE
MIAMI, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME LEISERSON, NATALIO
STREET ADDRESS 3784 NE 209TH TERRACE
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME COVOS, DAVID
STREET ADDRESS ~~3400 N.E. 192ND STREET #2108~~
CITY-ST-ZIP ~~AVENTURA, FL 33180~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 19401 N.E. 15th Court
CITY-ST-ZIP North Miami Beach FL 33179

TITLE DS ☐ Delete
NAME COVOS, ENRIQUE H
STREET ADDRESS 3400 N.E. 192ND STREET #2108
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #