2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90367 028 ***150.00

DOCUMENT # P04000130259 1. Entity Name 6881 NW 16TH TERRACE PROPERTIES, INC.							90307 028	130	,.oo
Principal Place 6881 NW 16 FORT LAUDE		Mailing Address 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309 US			40085647				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192008	Chg-P	CR2E034	(12/06)	
City & State		City & State		4. FEI Number 27-0106			→	plied For t Applicable	
Zip Country		Zip	Country		5. Certificate of	of Status Desired		.75 Add Required	
	6. Name and Address of Current		7. Name and /	Address of New R	egistered Age	nt			
COHN, GARY 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309 Name Street Address Street Address					s (P.O. Box Number is Not Acceptable)				
~		City		· ·	<u> </u>		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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.									
10.	OFFICERS AND DIRECTORS				ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P Delete COHN, GARY 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309		- 6		☐ Change ☐				☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENFELD, STEVEN 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S, ROSENFELD, NICOLE 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309			l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete COHN, GARY 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309		1	l] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, STEVEN 6881 NW 16TH TERRACE FORT LAUDERDALE, FL 33309			T ADDRESS ST-ZIP] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l		Specials Chapters 1] Change	Addition

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 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 appears. with all other like empowered.

SIGNATURE: _

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-08

954-957-9755

Date

Daytime Phone #