## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025887

Entity Name: OBSTART 3 INC.

FILED Apr 26, 2007 Secretary of State

**Current Principal Place of Business:** 

% SOUTH BROWARD ACCOUNTING SERVICE INC.

1152 N UNIVERSITY DR - STE 202

PEMBROKE PINES, FL 33024

**Current Mailing Address:** 

% SOUTH BROWARD ACCOUNTING SERVICE INC.

1152 N UNIVERSITY DR - STE 202

PEMBROKE PINES, FL 33024

FEI Number: 20-2395492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

DAVIE, FL 33328

DAVIE, FL 33328

New Mailing Address:

Certificate of Status Desired ( )

New Principal Place of Business:

% SOUTH BROWARD ACCTNG SVCS

5599 S UNIVERSITY DRIVE ~ STE 306

% SOUTH BROWARD ACCTNG SVCS

5599 S UNIVERSITY DRIVE ~ STE 306

Name and Address of Current Registered Agent:

CHEDIAK, MIRTA 1152 N UNIVERSITY DR

STE 202

PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CHEDIAK, MIRTA % SOUTH BROWARD ACCTNG SVCS 5599 S UNIVERSITY DRIVE ~ STE 306

DAVIE, FL 33328 US

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.

SIGNATURE: MIRTA CHEDIAK

Electronic Signature of Registered Agent

Date

04/26/2007

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

OBSTGARTEN, HUBERT S

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition

Name: Address:

Title:

OBSTGARTEN, HUBERT S 21248 HARBOR WAY ~ 243

21248 HARBOR WAY - APT 243 Address: City-St-Zip: AVENTURA, FL 33180

Title:

Name:

City-St-Zip:

AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBERT OBSTGAREN

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date