


**2007 FOR PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000099535**

1. Entity Name  
**OLIVE TREE OF LAUDERHILL, INC.**



Principal Place of Business      Mailing Address

1909 HAVERHILL ROAD NORTH UNIT #1      1909 HAVERHILL ROAD NORTH UNIT #1  
 WEST PALM BEACH, FL 33417      WEST PALM BEACH, FL 33417



03032007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-3188158**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLASER, HEDY F**  
 1909 HAVERHILL ROAD N  
 UNIT #1  
 WEST PALM BEACH, FL 33417

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**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	PST
NAME	CASSUTO, JOSEPH I
STREET ADDRESS	146 GOLDEN BEACH DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attached address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_