


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90037 017 \*\*\*150.00

<b>DOCUMENT # P05000109899</b>		
1. Entity Name <b>PASCO COUNTY I CORPORATION</b>		

Principal Place of Business <b>1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323</b> <i>Sunrise Fl 33323</i>	Mailing Address <b>1600 SAWGRASS CORP PKWY STE 300 SUITE 200 FORT LAUDERDALE, FL 33323</b> <i>Sunrise Fl 33323</i>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3318415</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GRANT, MARK F ESQ. 200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>EZRATI, FRANK</del> 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>EZRATTI, ITZHAK</b> <i>Sunrise, Fl 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY STE 300 <del>PORT LAUDERDALE, FL 33323</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sunrise, Fl 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY STE 300 <del>PORT LAUDERDALE, FL 33323</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sunrise, Fl 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY STE 300 <del>PORT LAUDERDALE, FL 33323</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sunrise, Fl 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <del>MENEDEZ, MARIA M</del> 1600 SAWGRASS CORP PKWY STE 300 <del>PORT LAUDERDALE, FL 33323</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MENENDEZ, N. MARIA</b> <i>Sunrise, Fl 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>CORBAN, PAUL</del> 1600 SAWGRASS CORP PKWY STE 300 <del>PORT LAUDERDALE, FL 33323</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CORBAN, PAUL</b> <i>Sunrise, Fl 33323</i>

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: <i>[Signature]</i>	<b>AL MARIA MENENDEZ, VICE PRESIDENT</b>	<b>4/27/07</b>	<b>954-753-1730</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	Daytime Phone #