

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000160990

1. Entity Name  
FLAMINGO EAST OUT-PARCEL, INC



Principal Place of Business  
5446 N BAY ROAD  
MIAMI BEACH, FL 33140

Mailing Address  
PO BOX 402097  
MIAMI BEACH, FL 33140



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3836066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GLOTTMANN, JACK  
5446 N. BAY ROAD  
MIAMI BEACH, FL 33140

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE	DPS
NAME	GLOTTMANN, JACK
STREET ADDRESS	5446 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	DV
NAME	GLOTTMANN, DALIA
STREET ADDRESS	5446 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	D
NAME	GLOTTMANN, DEBORAH
STREET ADDRESS	5446 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	D
NAME	GLOTTMANN, LINDA
STREET ADDRESS	5446 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80087-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

305 868 5131

Daytime Phone #