

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 022 \*\*\*150.00

DOCUMENT # P05000162073  
 1. Entity Name  
 SCARLET B INVESTMENTS, INC.



Principal Place of Business: PRESIDENTIAL CIRCLE, SUITE 435-SO, 4000 HOLLYWOOD BOULEVARD, HOLLYWOOD, FL 33021  
 Mailing Address: PRESIDENTIAL CIRCLE, SUITE 435-SO, 4000 HOLLYWOOD BOULEVARD, HOLLYWOOD, FL 33021

40046455



2. Principal Place of Business - No. P.O. Box #  
 3. Mailing Address

Suite Apt # etc  
 Suite Apt # etc

03202007 Chg-P CR2E034 (12/06)

City & State  
 City & State

4. FEI Number **20-3943469**  
 APPLIED FOR  
 Applied For  
 Not Applicable

Zip  
 Country  
 Zip  
 Country

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

6. Name and Address of Current Registered Agent  
 COHEN, MARK D ESQ.  
 PRESIDENTIAL CIRCLE STE. 485 SO.  
 4000 HOLLYWOOD BLVD  
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 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 in conformity with and accepting the obligations of registered agent.  
 SIGNATURE: *[Signature]* 3/30/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Elected Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, MARK D ESQ.	
STREET ADDRESS	PRESIDENTIAL CIRCLE, SUITE 435-SO.	
CITY ST ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied on this filing document is true and accurate and that my signature shall have the same legal effect as if made under oath that an officer or director of the corporation or the person or persons empowered to file this report as required by Chapter 197, Florida Statutes, and that my name appears on Schedule B of Block 111 changed or on an attachment with an address, without other change, is correct.

SIGNATURE: *[Signature]* 3/30/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR