

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000046673		
1. Entity Name AN EVENT TO REMEMBER, INC.		

Principal Place of Business 5787 ROYAL LAKES CIRCLE BOYNTON BEACH, FL 33437	Mailing Address 5787 ROYAL LAKES CIRCLE BOYNTON BEACH, FL 33437
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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

6. Name and Address of Current Registered Agent
COHEN, HELEN 5787 ROYAL LAKES CIRCLE BOYNTON BEACH, FL 33437

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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, HELEN 5787 ROYAL LAKES CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200110232952 10/09/07-01032-021 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
07 SEP 19 AM 7:50
SECRETARY TO STATE
TALLAHASSEE, FLORIDA



05122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-46425P6	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, HELEN 5787 ROYAL LAKES CIRCLE BOYNTON BEACH, FL 33437	Name _____
	Street Address (P.O. Box Number is Not Acceptable) _____
	City _____
	FL Zip Code _____

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SIGNATURE: 
9/2/07
Date Daytime Phone #