

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000055389**

1. Entity Name  
NORTH OF THE 49TH INVESTMENTS, INC.



Principal Place of Business  
1900 W COMMERCIAL BLVD  
SUITE 200  
FT LAUDERDALE, FL 33309

Mailing Address  
1900 W COMMERCIAL BLVD SUITE 200  
FT LAUDERDALE, FL 33309



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4851912

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BOYLE, CONRAD J  
500 E BROWARD BLVD SUITE 1950  
FT LAUDERDALE, FL 33394

**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 \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

U00000913507  
05/09/08-80019-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CHYNOWETH, DALE  
STREET ADDRESS 1900 W COMMERCIAL BLVD SUITE 200  
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE D  
NAME KEENAN, WILLIAM  
STREET ADDRESS 1900 W COMMERCIAL BLVD SUITE 200  
CITY-ST-ZIP FT LAUDERDALE, FL 33309

TITLE V  
NAME HOGUE, CHANTAL  
STREET ADDRESS 1900 W COMMERCIAL BLVD STE 200  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 like empowered.

**SIGNATURE:**

NORTH OF THE 49TH INVESTMENTS INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2008 (954) 776-6700

Date

Daytime Phone #