

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90059 044 ***150.00

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1. Entity Name
314 CORP.



Principal Place of Business
1390 SUTH OCEAN BOULEVARD
APT. 12A
POMPANO BEACH, FL 33062

Mailing Address
1390 SUTH OCEAN BOULEVARD
APT. 12A
POMPANO BEACH, FL 33062



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

1390 South Ocean Blvd

3. Mailing Address

1390 South Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 12A

Apt. 12A

City & State

City & State

Pompano Beach

Pompano Beach

Zip

Country

Zip

Country

33062

USA

33062

USA

01182007

Chg-P

CR2E034 (12/06)

4. FEI Number

84-1711493

Applied For

Not Applicable

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

PRISTO, ROBERT
1390 SUTH OCEAN BOULEVARD
APT. 12A
POMPANO BEACH, FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

1390 South Ocean Blvd. Apt. 12A

City

Pompano Beach

FL

Zip Code

33062

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)

1/18/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PRISTO, ROBERT
STREET ADDRESS 1390 SUTH OCEAN BOULEVARD APT. 12 A
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1390 South Ocean Boulevard Apt. 12A
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRISTO, LILLIAN
STREET ADDRESS 1390 SUTH OCEAN BOULEVARD APT. 12 A
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1390 South Ocean Boulevard Apt. 12A
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/18/07

Date

954-771-6600

Daytime Phone #