

2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90001-011-\$158.75-\$158.75

FILED

07 OCT -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000122152			
1. Entity Name PETER VALIK, INC.			
Principal Place of Business 3201 NE 14 ST STE 808 POMPANO BEACH, FL 33062		Mailing Address 3201 NE 14 ST STE 808 POMPANO BEACH, FL 33062	
2. Principal Place of Business - No P.O. Box # 260 SE 1st Ave		3. Mailing Address 260 SE 1st Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANO BEACH		City & State POMPANO BEACH	
Zip 33060	Country FL	Zip 33060	Country FL
4. FEI Number 20-8788587		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALIK, PETER 3201 NE 14 ST STE 808 POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name PETER VALIK Street Address (P.O. Box Number is Not Acceptable) 260 SE 1st Ave City POMPANO BEACH FL Zip Code 33060	
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 <u><i>P. Valik</i></u> DATE 09-06-07 (NOTE: Reg. stated Agent signature required when re-stating)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PETER VALIK 260 SE 1st Ave POMPANO BEACH, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$10/3 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>P. Valik</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 09-06-07 Date	