2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 08, 2007 8:00 am Secretary of State

1. Entity Name	MENT # P06000128 PRMET CO.	219			08-08-2007 90068	; 028 ***	150.00	
Principal Place of Business 102 NORMANDY C DELRAY BEACH, FL 33484		Mailing Address 102 NORMANDY C DELRAY BEACH FL 33484						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3001 5. Cm5 No S. Aud 13900 5. TO Suite, Apt. #, etc.			oerd					
City & State		City's State	-276_	02232007		14 (12/06)	plied For	
BOSH	m Beach Country	DelRag &	Seuch -	$q = 2o^2$	-8486049	_ 	t Applicable	
P	33 426-9017 8. Name and Address of Current I	33446	Country			ee Required		
VERBER SHERWIN R				Allen H	IENH. KATZ P.A			
102 NORMANDY C DELRAY, BEACH, FL 33484			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
/	· ·		City_//	10 /00	p d El	Zio Code	9	
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, typod or prelied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Dyft Out 3 '2007								
FILE NOWITH FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
* After Ma	ay 1, 2007 Fee will be \$550.0 OFFICERS AND			Added to Fees	CUANCES TO CEDOCOS AND	DIRECTOR		
IIILE	P/TR 🔑	DIRECTORS Delete	11.	AUUITIONS	/CHANGES TO OFFICERS AND	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VERBER, SHERWIN R 102 NORMANDY C DELRAY BEACH, FL 33484		NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE	VP/S VERBER, DOINA	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY+ST-ZIP	102 NORMANDY C DELRAY BEACH, FL 33484		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	·-···	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE .	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
signature:								
JOIGITAL	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER C	OR DIRECTOR		Date D	sylime Phone #		

ATTACHMENT 40128623

AUG. 3rd, 2007

DIVISION OF CORPORATION P.O.BOX 1500 TALLAHASSEE, FL 32302-1500

Re: DOCUMENT # P06000128219

TO WHOM IT MAY CONCERN;

I AM LATE SENDING THIS ANNUAL REPORT BECAUSE I NEVER RECEIVED THE RENEWAL CARD, AND IF IT WASN'T FOR MY NEW ACCOUNTANT ALLEN H. KATZ THAT INFORMED ME THAT MY CORPORATION WAS ABOUT TO BE DISSOLVED, I WOULD HAVE NEVER KNOWN. PLEASE ACCEPT MY APOLOGIES AND PLEASE RENEW MY CORPORATION.

PLEASE ACKNOWLEDGE

THANK YOU

SHERWIN VERBER