2007. FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 27, 2007 8:00 am **Secretary of State** DOCUMENT # P06000135009 1. Entity Name 03-27-2007 90016 021 ***158.75 GRE LAKE WORTH, INC. Principal Place of Business 4000 HOLLYWOOD BLVD. 4000 HOLLYWOOD BLVD. SUITE 530N SUITE 530N HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3803923 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LICHTMAN, HARVEY 4000 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 530N HOLLYWOOD FL 33021 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11% P D TITLE TITLE Delete ★ Change KLURMAN, SISEL NAME. Sisel Klurman 4000 HOLLYWOOD BLVD., SUITE 530N STREET ADDRESS STREET ADDRESS 4000 Hollywood Blvd., #530N HOLLYWOOD FL 33021 CHY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33021 ☐ Defele ☐ Change K Addition LICHTMAN, HARVEY NAME NAME Zipora Ben-Aviv 4000 HOLLYWOOD BLVD., SUITE 530N STREET ADORESS STREET ADDRESS 4000 Hollywood Blvd., #530N HOLLYWOOD FL 33021 CITY-ST-ZIP CHY-ST ZIP Hollywood, FL 33021 Delete Change THILL Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY- ST. 7IP TITLE ☐ Defete TITLE Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-71P DITTE ☐ Delete ши ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHV-SL-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

954-985-2400 3/16/2007 SIGNATURE: Sisel Klurman Date Caytime Phone #

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 eath; 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.