	007 FƏR PROF ANNUAL R	EPORT (AF		FILED Mar 27, 2007 8:00 am Secretary of State
DOCU 1. Entity Nam	MENT # P060001350	22		Secretary of State 03-27-2007 90016 019 ***158.75
GRE MEL	BOURNE, INC.			05-27-2007 90016 019 ***138.75
	e of Business YWOOD BLVD.	Mailing Address 4000 HOLLYWOOD	BLVD	
SUITE SION HOLLYWOOD FL 33021		SUITE 530N 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 04–3803926 Applied For Not Applica
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
400 SUI	HTMAN, HARVEY 10 HOLLYWOOD BLVD. TE 530N		Street Ac	Address (P.O. Box Number is Not Acceptable)
HOI	LLYWOOD FL 33021		City	FL Zip Code
8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing it	s registered office or	or registered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE .	Signature, typed or printed name of registered agent	and tills & applicable (AQ	15 December 4	sture required writin reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of			9. Election Campaign Financing \$5.00 May I Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P KLURMAN; SISEL	Delele	TITLE NAME	PD Change Addit Sisel Klurman
STRFET ADDRESS CITY - ST-ZIP	4000 HOLLYWOOD BLVD., SUITE HOLLYWOOD FL 33021	530N	STREET ADDRESS CITY - ST- ZIP	4000 Hollywood Blvd., #530N Hollywood, FL 33021
THE NAME	ST LICHTMAN, HARVEY 4000 HOLLYWOOD BLVD., SUITE		TITLE NAME	D Change 🖾 Addil Zipora Ben-Aviv
STREET ADDRESS CITY_ST+7IP	HOLLYWOOD FL 33021		STREET ADDRESS CITY ST ZIP	4000 Hollywood Blvd., #530N Hollywood, FL_33021
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IIILE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	Change Addit
of the cor	on this report of supplemental report is portation or the receiver or trustee omposition of an attachment with an addres	s true and accurate and that powered to execute this repo	my signature shall ha ort as required by Cha ored.	contained in Section 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or directe hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 3/16/2007 954-985-2400 e1 Klurman Date Degime Priorie #