## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2007 8:00 am Secretary of State DOCUMENT # P06000135078 03-27-2007 90015 023 \*\*\*158.75 GRE JACKSONVILLE, INC. Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD. 4000 HOLLYWOOD BLVD. SUITE 530N HOLLYWOOD FL 33021 US SUITE 530N HOLLYWOOD FL 33021 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, ctc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3803921 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 Name LICHTMAN, HARVEY Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. SUITE 530N HOLLYWOOD FL 33021 City Zip Code FL 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 it applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P D HILE Change Addition IHLL Delete KLURMAN, SISEL Sisel Klurman NAME NAME 4000 HOLLYWOOD BLVD., SUITE 530N 4000 Hollywood Blvd., #530N STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-SI-ZIP Hollywood, FL 33021 Change Addition TITLE ☐ Delete LICHTMAN, HARVEY Zipora Ben-Aviv 4000 HOLLYWOOD BLVD., SUITE 530N 4000 Hollywood Blvd., #530N STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-709 City-St 7tP Hollywood, FL 33021 ☐ Change ☐ Addition TITLE ☐ Defete HHE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST ZIP THLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

**FILED** 

3/16/2007 954-985-2400 SIGNATURE Sisel Klurman

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.