


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 016 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P06000143730 1. Entity Name 901 NORTH, INC. | | | |  | |
| Principal Place of Business 4400 S UNIVERSITY DRIVE DAVIE, FL 33328 US | | | Mailing Address 4400 S UNIVERSITY DRIVE DAVIE, FL 33328 US | | |
| 2. Principal Place of Business - No P.O. Box # 901 N University DR Suite, Apt. #, etc. Coral Springs, FL City & State 33071 USA Zip Country | | 3. Mailing Address 901 N University DR Suite, Apt. #, etc. Coral Springs, FL City & State 33071 USA Zip Country | | 04072008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 20-5884716 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent CASTELLANOS, EDUARDO 4400 S UNIVERSITY DRIVE DAVIE, FL 33328 | | | 7. Name and Address of New Registered Agent Name CASTELLANOS, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 901 N University DR City Coral Springs FL Zip Code 33071 | | |
| 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>Eduardo Castellanos</u> EDUARDO CASTELLANOS <u>4/7/08</u> <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTELLANOS, EDUARDO 4400 S UNIVERSITY DRIVE DAVIE, FL 33328 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTELLANOS, EDUARDO 901 N University DR Coral Springs, FL 33071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SILVERTHORNE, PHILIP 4400 S UNIVERSITY DRIVE DAVIE, FL 33328 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Silverthorne, Philip 901 N University DR Coral Springs, FL 33071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC SANCHEZ, ROBERTO 4400 S UNIVERSITY DRIVE DAVIE, FL 33328 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC SANCHEZ, ROBERTO 901 N University DR Coral Springs, FL 33071 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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>Roberto Sanchez</u> Roberto Sanchez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/7/08 (954) 344-9201 <small>Date Daytime Phone #</small> | | |