


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90026 010 \*\*\*150.00

<b>DOCUMENT # P06000150706</b>					
1. Entity Name 66 NORTH BROADWAY NYACK CORP.					
Principal Place of Business 6302 SILK DOGWOOD LANE GREENACRES, FL 33463 US			Mailing Address 6302 SILK DOGWOOD LANE GREENACRES, FL 33463 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2829778</b>	
				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  SCHOENBERG, MILDRED 6302 SILK DOGWOOD LANE GREENACRES, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and filer (applicant) (NOTE: Registered agent's signature is not required for filing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOENBERG, MILDRED		NAME		
STREET ADDRESS	6302 SILK DOGWOOD LANE		STREET ADDRESS		
CITY-STATE-ZIP	GREENACRES, FL 33463		CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOENBERG, MORRIS		NAME		
STREET ADDRESS	6302 SILK DOGWOOD LANE		STREET ADDRESS		
CITY-STATE-ZIP	GREENACRES, FL 33463		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: <i>Mildred Schoenberg</i>			8/2/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			561-964-8226		

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