

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000037039



1. Entity Name  
157 CURTISS PARKWAY, INC

FL 511  
12 MAY 17 AM 1:10

Principal Place of Business 164 PALMETTO DRIVE MIAMI SPRINGS, FL 33166	Mailing Address 164 PALMETTO DRIVE MIAMI SPRINGS, FL 33166
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2. Principal Place of Business - No P.O. Box # <b>164 PALMETTO DR.</b>	3. Mailing Address <b>164 PALMETTO DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05032012 Chg-P CR2E034 (12/11)

City & State <b>MIAMI SPRINGS FLA</b>	City & State	4. FEI Number, <b>27-2467535</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33166</b>	Country <b>DADE</b>	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  EKLUND, DAVID E 164 PALMETTO DRIVE MIAMI SPRINGS, FL 33166	7. Name and Address of New Registered Agent Name <b>DAVID EKLUND</b> Street Address (P.O. Box Number is Not Acceptable) <b>164 PALMETTO DR</b> City & State <b>MIAMI SPRINGS FLA FL</b> Zip Code <b>33166</b>
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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: *David Eklund* DATE: 5-13-12

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 28, 2012**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EKLUND, DAVID E			NAME			
STREET ADDRESS	164 PALMETTO DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	EKLUND, DAWN			NAME			
STREET ADDRESS	164 PALMETTO DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *David Eklund* DATE: 5-13-12 E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      E-MAIL ADDRESS