

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000037039

1. Entity Name
157 CURTISS PARKWAY, INC



FL 500
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



2. Principal Place of Business - No P.O. Box #

164 PALMETTO DR.

3. Mailing Address

164 PALMETTO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032012 Chg-P CR2E034 (12/11)

City & State
MIAMI SPRINGS FLA

City & State

4. FEI Number,
27-2467535

Applied For
Not Applicable

Zip
33166

Country
DADE

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EKLUND, DAVID E
164 PALMETTO DRIVE
MIAMI SPRINGS, FL 33166

Name DAVID EKLUND
Street Address (P.O. Box Number is Not Acceptable)
164 PALMETTO DR

City MIAMI SPRINGS FLA FL Zip Code 33166

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

5-13-12

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME EKLUND, DAVID E
STREET ADDRESS 164 PALMETTO DRIVE
CITY- ST- ZIP MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TD
NAME EKLUND, DAWN
STREET ADDRESS 164 PALMETTO DRIVE
CITY- ST- ZIP MIAMI SPRINGS, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
200235247372
05/17/12--01018--021 ***158.75

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
MAY 17 2012
A. DUNLAP

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

5-13-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS