

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P38775

1. Entity Name
17700 BROADWAY, INC.



Principal Place of Business
6190 COCHRAN ROAD
SOLO, OH 44139 US

Mailing Address
6190 COCHRAN ROAD
SOLO, OH 44139 US



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-0972935

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PESES, MARVIN
6430 VIA ROSA
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCP
NAME MEISEL, PETER
STREET ADDRESS 6190 COCHRAN ROAD
CITY-ST-ZIP SOLO, OH 44139

TITLE DVC
NAME MEISEL, MICHAEL
STREET ADDRESS 6190 COCHRAN ROAD
CITY-ST-ZIP SOLO, OH 44139

TITLE DS
NAME PESES, PAUL D.
STREET ADDRESS 6190 COCHRAN ROAD
CITY-ST-ZIP SOLO, OH 44139

TITLE VP
NAME MEISEL, MICHAEL
STREET ADDRESS 6190 COCHRAN ROAD
CITY-ST-ZIP SOLO, OH 44139

TITLE T
NAME MEISEL, PETER
STREET ADDRESS 6190 COCHRAN ROAD
CITY-ST-ZIP SOLO, OH 44139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01162006041388
11/19/05-06-80034-004 150.00

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IN THIS SPACE**

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: Richard Shelly Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06 440 914 8000
Date Daytime Phone #