## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Jan 29, 2007 08:00 AM DOCUMENT # P93000007234 1. Entity Namo **Secretary of State** 551, INC. Principal Place of Business Mailing Address 551 E. PALMETTO PARK RD. ONE COMMERCIAL BOULEVARD **BOCA RATON FL 33432** LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0383030 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, PETER ONE COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE BY THE SEA FL 33308 Zıp Code 8. The above named ontity 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 in applicable. (NOTE: Registered Agent signature required when rematating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE. ☐ Delete TITLE. Change Addition BECK, PETER NAMI NAME U000000611834 ONE COMMERCIAL BOULEVARD STREET ADDRESS STREET ADDRESS 02/02/07-80081-006 155.00 LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP City-SI-ZIP THE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THEC Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete III ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 offect 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 organ attachment with an address, with all other like empowered.

**FILED**