## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

FILED **DOCUMENT # P93000015781** 07 FEB -8 PM 12: 01 BARTOW HOLDING CO., INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1910 STATE RD 60- WEST 18071 BISCAYNE BLVD 1601 T 3 N AVENTURA, FL 33160 BARTOW, FL 33830 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 65-0400620 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 24 dsmin KNESKI, PETER/KNESKI & Street Address (P.O. Box Number is Not Acceptable) **BISCAYNE BUILDING - SUITE 807** 19 W FLAGLER ST. MIAMI, FL 33130 18071 9 U V 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 Signature, typed or printed name of registered agent and title if applicable SIGNATURE. (NOTE: Resident a series 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE Delete ☐ Change TITLE NAME LANDSMAN, SAMUEL NAME STREET ADDRESS 18071 BISCAYNE BLVD #1601-N3 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33160 CITY-ST-ZIP SD TITLE ☐ Defete TITLE ☐ Change Addition LANDSMAN, RHODA 500089281815 02/27/07--01001--015 \*\*25 NÂME NAME 18071 BISCAYNE BLVD #1601-N3 STREET ADDRESS STREET ADDRESS \*\*250.00 CITY-ST-ZIP N MIAMI BEACH, FL 33160 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 of 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 attackment with an address, with all other like empowered.