2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P93000030558 1. Entity Name PUBLIC HOUSE CORP. Principal Place of Business Mailing Address 1059 COLLINS AVENUE 1059 COLLINS AVENUE STE. 107 STE. 107 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent DEKMAK YOUSSEE

FILED Apr 23, 2007 08:00 Al Secretary of State

Not Applicable

\$8.75 Additional

Daytime Phone #



01222007	No Chg-P	CR2E034 (1	1/05)
4. FEI Number			Applied For

Fee Required

65-0399371

5. Certificate of Status Desired

DO	NOT	WRITE
IN	THIS	SPACE

1059 COLLINS AVENUE STE. 107 MIAMI BEACH, FL 33139			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							
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	· 🗆	\$5.00 May Be Added to Fees	000000722449 05/02/07-80032-004 150.00		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEKMAK, YOUSSEF 1059 COLLINS AVENUE STE. 107 MIAMI BEACH, FL 33139				ı		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
THILE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS 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 tristee amounted 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.							

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR