

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P93000037175

1. Entity Name

PHOENIX ASSOCIATES INTERNATIONAL INC.



Principal Place of Business

13499 BISCAYNE BLVD.
#1410
MIAMI, FL 33181 US

Mailing Address

13499 BISCAYNE BLVD
#1410
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0420706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIORE, FRANK A
13499 BISCAYNE BOULEVARD,
STE 1410
NORTH MIAMI, FL 33181

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10 OFFICERS AND DIRECTORS

TITLE: D
NAME: FIORE, FRANK A
STREET ADDRESS: 13499 BISCAYNE BLVD. #1410
CITY- ST- ZIP: NORTH MIAMI, FL 33181

TITLE: S
NAME: FIORE, CLAUDIA P
STREET ADDRESS: 13499 BISCAYNE BLVD #1410
CITY- ST- ZIP: NORTH MIAMI, FL 33181

TITLE:
NAME:
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CITY- ST- ZIP:

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IN THIS SPACE**

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05/02/07-80012-017 150.00

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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

17 APR 2007

305 944 9333