


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000048754
 1. Entity Name
PASADENA AT IMAGINATION FARMS, INC.



Principal Place of Business 400 N PINE ISLAND RD STE 300 FORT LAUDERDALE, FL 33324 US	Mailing Address 400 N PINE ISLAND RD STE 300 FORT LAUDERDALE, FL 33324 US
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0507298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGER, ADOLPH J
 400 N PINE ISLAND RD STE 300
 FORT LAUDERDALE, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$950.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	MILLER, LEONARD
NAME	400 N PINE ISLAND RD STE 300
STREET ADDRESS	FORT LAUDERDALE, FL 33324
CITY-ST-ZIP	
TITLE VP	BERGER, ADOLPH J
NAME	400 N PINE ISLAND RD STE 300
STREET ADDRESS	FORT LAUDERDALE, FL 33324
CITY-ST-ZIP	
TITLE VP	MILLER, ROBERT B
NAME	400 N PINE ISLAND RD STE 300
STREET ADDRESS	FORT LAUDERDALE, FL 33324
CITY-ST-ZIP	
TITLE VP	COTT, LAWRENCE
NAME	400 N PINE ISLAND RD STE 300
STREET ADDRESS	FORT LAUDERDALE, FL 33324
CITY-ST-ZIP	
TITLE VP	COTT, CORINNE
NAME	400 N PINE ISLAND RD STE 300
STREET ADDRESS	FORT LAUDERDALE, FL 33324
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Lawrence Cott* **PASADENA AT IMAGINATION FARMS, INC BY: LAWRENCE COTT, VP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 **954-383-1890**
 Day Daytime Phone #