## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 27, 2007 8:00 am DOCUMENT # P95000003352 Secretary of State 1: Entity Name 02-27-2007 90011 027 \*\*\*150.00 LAW OFFICES OF BARRY BUTIN, P.A. Mailing Address Principal Pract 100 SE 12TH 81 FORT LAUDERDALE FL 33316 Principal Place of Business ner 100 SE 12TH ST FT LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) Applied For City & State 4. FEI Number 65-0550664 Not Applicable 10ct Country \$8.75 Additional 5. Certificate of Status Desirod US4 <u> 333</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BUTIN, BARRY Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 12TH ST FT. LAUDERDALE FL 33316 Zip Code 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 age SIGNATURE (NOTE Registered Agen) signature required when reinstating FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE ☐ Delete HILE ☐ Change Addition 101 S.E. 10th street BUTIN, BARRY NAME NAME 100 SE 12TH STo. STREET ADDRESS STREET ADDRESS Fort Lund Fl 33316 FT LAUDERDALE FL CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition 11111 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP ☐ Change ☐ Addition HILE ☐ Delete STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition HILF ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-74P 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier contained provide the corporation or the foceiver of 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 threempowered. if changed, or on an attachment

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954-463-7669