

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90020 047 \*\*\*150.00

**DOCUMENT # P95000014472**

1. Entity Name  
**SOMETHIN' FOR NOTHIN', INC.**



Principal Place of Business  
**321 N. UNIVERSITY DR.  
E-01  
PLANTATION, FL 33324 US**

Mailing Address  
**1 SW 129 AVE.  
STE. 408  
PEMBROKE PINES, FL 33027 US**

2. Principal Place of Business - No P.O. Box #  
**1980 Bridle Ridge Trace**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Roswell, GA**

Zip  
**30075**

Country

401200



07192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0619308**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALAMUSA, ANTHONY M.  
1 SW 129 AVE. #408  
PEMBROKE PINES, FL 33027**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: X Calamusa Jo Calamusa 7/29/07 770-355-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #