

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 024 ***150.00

DOCUMENT # P95000052477

1. Entity Name
S'CRIAGE CORP.



Principal Place of Business
101 PLAZA REAL SOUTH
729
BOCA RATON, FL 33432

Mailing Address
101 PLAZA REAL SOUTH
729
BOCA RATON, FL 33432

50000803



2. Principal Place of Business - No P.O. Box #
7635 N. State Rd. 7
Suite, Apt. #, etc.

3. Mailing Address
7635 N. State Rd. 7
Suite, Apt. #, etc.

03152008 Chg-P CR2E034 (12/06)

City & State
PARKLAND Florida
Zip 33067 Country Broward

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PARKLAND Florida
Zip 33067 Country Broward

4. FEI Number
65-0597645
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FASS, JOANN
101 PLAZA REAL SOUTH
729
BOCA RATON, FL 33432

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

Signature, typed or printed name of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FASS, JOANN
STREET ADDRESS 101 PLAZA REAL SOUTH, # 729
CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete

TITLE V
NAME FASS, ROBERT
STREET ADDRESS 101 PLAZA REAL SOUTH, # 729
CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5851 Holmberg Rd. #621
CITY-ST-ZIP PARKLAND FL 33067 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5851 Holmberg Rd. #621
CITY-ST-ZIP PARKLAND FL 33067 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08 (954)
464-5796
Date Daytime Phone #