

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90011 039 ***150.00

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1. Entity Name

FLORIDA RESORT, INC.



Principal Place of Business

1677 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

C/O MILLER & WEBNER, P.A.
P.O. BOX 266947
WESTON FL 33326

2. Principal Place of Business - No P.O. Box #

3025 Collins Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

Zip

Country

4. FEI Number

65-0642383

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

MILLER, REBECCA M
C/O MILLER & WEBNER, P.A.
2442 POINCIANA CT.
WESTON FL 33327

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 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	D KRAUSE, HANS-JOACHIM	<input type="checkbox"/> Delete
STREET ADDRESS	1677 COLLINS AVE.	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE NAME	D KRAUSE, URSULA M	<input type="checkbox"/> Delete
STREET ADDRESS	1677 COLLINS AVE.	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE NAME	D MEYER, NICOLA	<input type="checkbox"/> Delete
STREET ADDRESS	1677 COLLINS AVE.	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE NAME	D JANZON, KATJA	<input type="checkbox"/> Delete
STREET ADDRESS	1677 COLLINS AVE.	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D/P Hans-Joachim Krause	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE NAME	D/S Ursula M. Krause	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE NAME	D/V Nicola Meyer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE NAME	D/V Katja Janzon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE NAME	T Kent Janzon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3025 Collins Avenue	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

Hans-Joachim Krause

(954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #