## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000005226**

1. Entity Name

WEST DIXIE KING, INC.



FILED Mar 05, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

19030 W. DIXIE HWY. N. MIAMI, FL 33160 Mailing Address

15499 W. DIXIE HWY. N. MIAMI BEACH, FL 33162



DO NOT WRITE IN THIS SPACE

4.	FEI Number	Applied For	
	65-0991931	Not Applicable	
5.	Certificate of Status Desired	\$8.75 Additional	

6. Name and Address of Current Registered Agent

IZAAK, PETER 15499 W. DIXIE HWY. N. MIAMI BEACH, FL 33162

## DO NOT WRITE IN THIS SPACE

No Chg-P

02202007

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered of	office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE							
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution			g 🖸	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IZAAK, PETER 15499 W. DIXIE HWY. N. MIAMI BEACH, FL 33162				U00000656767 03/14/07-80038-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/11/01 30000 011 100:00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS	,						

12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 28 67

305945460

Daytime Phone il