## 2007 FOR PROFIT CORPORATION

**FILED** 

ANNUAL REPORT					Jan 31, 2007 08:00 A			
DOCUMENT # P96000017689  1. Entity Name THE FOXES OF SOUTH FLORIDA, INC.					Se	ecretar	y of State	
Principal Place of Business 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019		Mailing Address 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019					NA	
	NO NOT WRITE	IN THE COA		. 01232007	No Chg-P	CR2E034 (		
	O NOT WRITE	IN ITIO SPA	CEN S	4. FEI Numb 65-064 5. Certificate			Applied For Not Applicable  75 Additional Required	
6. Name and Address of Current Registered Agent					and the second second	م مارمي ۾ کنوري	rioquired .	
FOX, SAMY 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019				•	NOT W	15		
8. The above the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and		ed office or registe		otth, in the State of Flo	onda. I am famil	er with, and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				.00 May Be ded to Fees				
10.	OFFICERS AND DII	RECTORS				· * · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, SAMY A 1230 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019		A A G			00061167 07-80072	5 -023:150,00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS		<u>.</u>		ÍŃ	NOT W THIS SF	ACE		
CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS			A STATE OF THE STATE OF					

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:** 

City-St-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

> OX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMY