

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90050 036 ***150.00

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1. Entity Name

FIFTY-FOUR-FIFTY-FOUR CORP.



Principal Place of Business

6633 CASA GRANDE WAY
DELRAY BEACH FL 33446

Mailing Address

6633 CASA GRANDE WAY
DELRAY BEACH FL 33446



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0682851

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALDOR, LENORE
4144 NORTHWEST 53RD STREET
BOCA RATON FL 33496

Name

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

6633 CASA GRANDE WAY

City

DELRAY BCRN

FL

Zip Code

33446

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

Lenore Kaldor

PRESIDENT

2-6-07

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstated)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	D KALDOR, LENORE 6633 CASA GRANDE WAY DELRAY BEACH FL 33446	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
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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 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:

Lenore Kaldor President

2-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #