


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90037 011 \*\*\*150.00

**DOCUMENT # P96000073296**

1. Entity Name  
**NORTH 29 CORPORATION**




Principal Place of Business      Mailing Address  
**1600 SAWGRASS CORP PKWY STE 300**      **1600 SAWGRASS CORP PKWY STE 300**  
**FORT LAUDERDALE, FL 33323**      **FORT LAUDERDALE, FL 33323**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Sunrise, FL**      **Sunrise, FL**

Zip      Country      Zip      Country



04272007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0703896**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRANT, MARK F**  
**200 EAST BROWARD BOULEVARD**  
**15TH FLOOR**  
**FT. LAUDERDALE, FL 33301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | PD                              | <input type="checkbox"/> Delete            |
| NAME           | EZRATTI, ITZHAK                 |  |
| STREET ADDRESS | 1600 SAWGRASS CORP PKWY STE 300 |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33323       |  |
| TITLE          | VAS                             | <input type="checkbox"/> Delete            |
| NAME           | FANT, ALAN                      |  |
| STREET ADDRESS | 1600 SAWGRASS CORP PKWY STE 300 |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33323       |  |
| TITLE          | V                               | <input checked="" type="checkbox"/> Delete |
| NAME           | COSTELLO, RICHARD               |  |
| STREET ADDRESS | 1600 SAWGRASS CORP PKWY STE 300 |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33323       |  |
| TITLE          | V                               | <input type="checkbox"/> Delete            |
| NAME           | NORWALK, RICHARD                |  |
| STREET ADDRESS | 1600 SAWGRASS CORP PKWY STE 300 |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33323       |  |
| TITLE          | S                               | <input type="checkbox"/> Delete            |
| NAME           | CORBAN, PAUL                    |  |
| STREET ADDRESS | 1600 SAWGRASS CORP PKWY STE 300 |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33323       |  |
| TITLE          | VP                              | <input type="checkbox"/> Delete            |
| NAME           | HELMAN, STEVEN M                |  |
| STREET ADDRESS | 1600 SAWGRASS CORP PKWY STE 300 |  |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33323       |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |  |
|----------------|---|--|
| TITLE          |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    | <b>Sunrise, FL 33323</b>                  |  |
| TITLE          |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    | <b>Sunrise, FL 33323</b>                  |  |
| TITLE          | VT  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MENENDEZ, N. MARIA</b>                 |  |
| STREET ADDRESS | <b>1600 SAWGRASS CORP PKWY, SUITE 300</b> |  |
| CITY-ST-ZIP    | <b>SUNRISE, FL 33323</b>                  |  |
| TITLE          |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    | <b>Sunrise, FL 33323</b>                  |  |
| TITLE          | V   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    | <b>Sunrise, FL 33323</b>                  |  |

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:** *N. Maria Mendez*      **N. MARIA MENENDEZ, VICE PRESIDENT**      **4/27/07**      **954-753-1730**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #