

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90087 049 ***150.00

40012034



04162007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0750216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MELAMED, HOWARD
9625 W SAMPLE RD.
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12453 NW 44TH ST.
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

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MELAMED, BARBARA	
STREET ADDRESS	9625 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MELAMED, HOWARD	
STREET ADDRESS	9625 W SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULTZ, RENEE	
STREET ADDRESS	9625 W SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHULTZ, STEVEN	
STREET ADDRESS	9625 W SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12453 NW 44TH ST.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12453 NW 44TH ST.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

954-340-7053 EXT 215

Daytime phone #