## 2007 FOR PROFIT CORPORATION

## **FILED** May 01, 2007 08:00 A Secretary of State

	ANNUAL REPORT	
DOCUMENT	# P97000025244	
1. Entity Name		1

Principal Place of Susiness

Mailing Address

DO NOT WRITE IN THIS SPACE

1655 DREXEL AVE., STE. 212 MIAMI BEACH, FL 33139

LINCOLN-DREXEL WASERSTEIN, INC.

1655 DREXEL AVE., STE. 212 MIAMI BEACH, FL 33139



04242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0756690 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

<ol><li>Name and</li></ol>	Address	of Current	Registered	Agen

WASERSTEIN, CARLOS 1655 DREXEL AVE., STE. 212 MIAMI BEACH, FL 33139

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

		·	Ì			
	named entity submits this statement for the pions of registered agent.	purpose of changing its regis	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept $\cdot$	
SIGNATURE	Signature, lyped or printed name of registered agent and title	if applicable. {NOTE: Regi	istered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F     Trust Fund Contributi		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	<u> </u>		· · · · · · · · · · · · · · · · · · ·	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WASERSTEIN, CARLOS 1655 DREXEL AVE., STE, 212 MIAMI BEACH, FL 33139				U00000752311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WASERSTEIN, DANIEL 1655 DREXEL AVE., SUITE 212 MIAMI BEACH, FL 33139		*		05/21/07-80012-002 158.	75
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-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged	certily that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or furtice empowere , or on an attachment with a address, with al	iling does not qualify for the and accurate and that my si d to execute this report as re I other like empowered.	e exemptions co gnature shall ha equired by Chap	ntained in Chapter 11 ve the same legal elfe ter 607, Florida Statut	9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	