

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90016 005 ***150.00

DOCUMENT # P97000033001

1. Entity Name
DISPOSATRODE, INC.



Principal Place of Business
**4889 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063**

Mailing Address
**4889 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063**

400322



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

3. Mailing Address

7239 W. ATLANTIC AVE 7239 W ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007

Chg-P

CR2E034 (12/06)

City & State

City & State

DELRAY BEACH FL

DELRAY BEACH FL

4. FEI Number

65-0743677

Applied For

Not Applicable

Zip

Country

Zip

Country

33446

DELRAY BEACH

33446

DELRAY BEACH

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERMAN, WILLIAM
4889 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063**

Name **WILLIAM PERMAN**

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

7239 W ATLANTIC AVE

City **DELRAY BEACH**

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

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 NAME ☐ Delete

**P PERMAN, WILLIAM
1200 CLINT MOORE RD #2
BOCA RATON, FL 33487**

TITLE NAME ☐ Delete

**TS PERMAN, EILEEN
1200 CLINT MOORE RD
BOCA RATON, FL 33487**

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

**PRES WILLIAM PERMAN
7239 W ATLANTIC AVE
DELRAY BEACH FL 33446**

TITLE NAME ☐ Change ☐ Addition

**TS EILEEN PERMAN
7239 W ATLANTIC AVE
DELRAY BEACH FL 33446**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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:

William Perman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-07 5612122540