

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-29-2007 90042 036 ***150.00

DOCUMENT # P97000077407

1. Entity Name

FLICK ENTERPRISES, INC.



Principal Place of Business

10800 SW 122 ST
MIAMI FL 33176

Mailing Address

P.O. BOX 371624
MIAMI FL 33137



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

10800 SW 122nd ST

3. Mailing Address

PO Box 371624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1000208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERR, ALAN
10800 SW 122 ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

ALAN SHERR

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

10800 SW 122nd ST

City

MIAMI

FL

Zip Code

33176

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 registering)

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	SHERR, ALAN	
STREET ADDRESS	P.O. BOX 371624	
CITY - ST - ZIP	MIAMI FL 33137	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Alan Sherr ALAN SHERR

MAY 15, 2007 78-325886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporate Phone #

ATTACHMENT

May 15, 2007 40118665
#P97000677407

Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Flick Enterprises, Inc.
PO Box 371624
Miami, FL 33137
786-325-8866

Gentlemen :

my mailing was late because in late
2006 I underwent cancer surgery at
Mt. Sinai Hospital. Then, I began a
chemotherapy regimen until today, which
was my doctor's decision. I concluded
my treatment today, freeing me to
get on with my regular work routine.
My doctor's name is Oscar Kurzer, M.D.
whose office is at 4701 Meridian Ave.
Suite 502, Miami Beach, FL. 33140.

I am requesting a filing extension for medical
reasons. Thank you, Very Truly Yours,