

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P97000087566

1. Entity Name
97-34 AGENTS, INC.




Principal Place of Business Mailing Address
TWO SOUTH BISCAYNE BLVD SUITE 3400 **TWO SOUTH BISCAYNE BLVD SUITE 3400**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0817005 Not Applicable

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

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC.
TWO SOUTH BISCAYNE BLVD SUITE 3400
MIAMI, FL 33131

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	DP	<input type="checkbox"/> Delete
NAME	SCHEER, MARK	
STREET ADDRESS	2 S. BISCAY BLVD., STE 500 E.	
CITY-ST-ZIP	MIAMI, FL 34001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HART, KENNETH M	
STREET ADDRESS	777 S. FLAGLER DR., SUITE 500 E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRESS, MARTIN	
STREET ADDRESS	500 E. BROWARD BLVD., SUITE 1400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 04/20/07-80032-021 150.00

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:  **MARK J. SCHEER** 4/11/07 305-376-6040

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