## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P97000105775** 1. Entity Name 04-30-2007 90864 048 \*\*\*150.00 FRED'S GRAND CENTRAL STATION, INC. Principal Place of Business Mailing Address 5229 N DIXIE HWY 5229 N DIXIE HWY POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 US 2. Principal Place of Business No P.O. Box # 3. Mailing Address 01 Walker therue OI Walke Suite, Apt. #, etc. Suite, Apt. #, etc 04222007 Chg-P CR2E034 (12/06) oreenaures reenan City & State 4. FEI Number Applied For 65-0802590 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEROLA, JAMES R Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD **SUITE 204** PALM BEACH GARDENS, FL 33410 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE TITI F ☐ Delete ☐ Change ☐ Addition NAME CONNELL, FRED NAME STREET ADDRESS 5229 W. DIXIE HWY STREET ADORESS CITY-ST-ZIP POMPANO BEACH, FL 33064 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME CONNELL, CELIA NAME STREET ADDRESS 5229 N. DIXIE HWY STREET ADDRESS POMPANO BEACH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supptied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated of this report of supplierments 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 corpolation or the receiver or trustee, emparaged 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 an attachment with an accurate an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE ITED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**