2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT			Apr 11, 2007 08:00			
DOCUMENT # P98000039				Secretai	ry of Stat	
1. Entity Name CERNY OF SOUTH FLORIDA INC.						
Principal Place of Business	Mailing Address		1			
20 BAYTREE CIRCLE BOYNTON BEACH, FL 33436	20 BAYTREE CIRCLE BOYNTON BEACH, FL 33436					
						
DO NOT WRITE	CE	03042007 4. FEI Numb	No Chg-P	CR2E034 (1	1/05) Applied For	
			65-083 5. Certificate	of Status Desired		Not Applicable 5 Additional equired
6. Name and Address of Current	Registered Agent					
CERNY, THOMAS 20 BAYTREE CIRCLE BOYNTON BEACH, FL 33436				NOT W		
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.	uy	ed office or registe.		th, in the State of Fl	orida. I am familia H G C	r with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	ncing \$5	.00 May Be ted to Fees				
10. OFFICERS AND DIRECTORS		-				:
ITILE D NAME CERNY, THOMAS STREET ADDRESS 20 BAYTREE CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33436						
IITLE NAME STREET ADDRESS				U01 04/20	000070007 707-80003	7 -003 150.00
CITY-ST-ZIP		4				
ITILE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	/RITE	
TITLE		-	IN '	THIS SI	PACE	
NAME STREET ADDRESS CITY-ST-ZIP					7.02	
IIILE NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE		1				
NAME STREET ADDRESS CITY-SI-7IP						

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 the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes and the chapter 607 is the chapter 607.

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEBOR DIRECTOR