


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90063 008 \*\*\*150.00

**DOCUMENT # P98000068830**


1. Entity Name  
 2890. INC.



Principal Place of Business 3300 N.29TH AVENUE HOLLYWOOD, FL 33020	Mailing Address 3300 N.29TH AVENUE HOLLYWOOD, FL 33020
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**DO NOT WRITE IN THIS SPACE**

4003000



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0861496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID. BENNETT  
 3300 N. 29TH AVE.  
 SUITE 101  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID. BENNETT 3300 N. 29TH AVENUE SUITE 101 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVID. SARA 3300 N 29TH AVENUE SUITE 101 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ *4/27/07* *954-925-7100*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #