

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000073622

1. Entity Name
595 PARK OF COMMERCE, INC.



Principal Place of Business
3001 W HALLANDALE BCH BLVD
SUITE 300
PEMBROKE PARK, FL 33009 US

Mailing Address
3001 W HALLANDALE BCH BLVD
SUITE 300
PEMBROKE PARK, FL 33009 US



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0862365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAZAYRI, SAM
3001 W HALLANDALE BCH BLVD
SUITE 300
PEMBROKE PARK, FL 33009

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000820638
04/15/08-80068-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JAZAYRI, SAM
STREET ADDRESS 3001 W HALLANDALE BCH BLVD STE 300
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE ST
NAME TAVONE, JACK
STREET ADDRESS 3055 HARBOR DRIVE APT 1502
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/08

Date

954 981 1154

Daytime Phone #