


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000074449 1. Entity Name DEBBIE'S PLACE CORPORATION	
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Principal Place of Business 5446 N. BAY RD. MIAMI BCH, FL 33140	Mailing Address PO BOX 402097 MIAMI BEACH, FL 33140-2097 US
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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0859755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLOTTMANN, JACK
5446 N. BAY RD.
MIAMI BCH, FL 33140**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS GLOTTMAN, JACK 5446 N. BAY RD MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLOTTMAN, DALIA 5446 N. BAY RD MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOTTMAN, DEBORAH 5446 N. BAY RD MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOTTMANN, LINDA 5446 N. BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/07-80087-006 150.00

**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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

3058685131

Daytime Phone #