
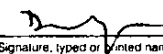



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90193 045 ***158.75

DOCUMENT # P98000082133					
1. Entity Name 874 SOUTH COUNTY ROAD CORP.					
Principal Place of Business 18745 SE FEDERAL HWY TEQUESTA, FL 33469			Mailing Address 18745 SE FEDERAL HWY TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box # 416 Clematis St		3. Mailing Address 416 Clematis St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL			
Zip 33401		Country		Zip 33401	
Country		Country			
6. Name and Address of Current Registered Agent RUBENFELD, DAREN 18745 SE FEDERAL HWY TEQUESTA, FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 416 Clematis St. City & State West Palm Beach FL Zip Code 33401	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/10/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MILLER, ROBERT L 18745 SE FEDERAL HWY TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete RUBENFELD, DAREN 18745 SE FEDERAL HWY TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 416 Clematis St. West Palm Beach, FL 33401				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 416 Clematis St. West Palm Beach, FL 33401				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 DATE 4/10/07 Daytime Phone #					