2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000028008 1. Entity Name 338 NORTH DIXIE REALTY CORP.



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

338 NORTH DIXIE HWY. HOLLYWOOD, FL 33020 Mailing Address

20281 E COUNTRY CLUB DR #1401 AVENTURA, FL 33180



DO NOT WRITE IN THIS SPACE

 04172007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-1034516
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BLOOM, MARTIN 20281 E COUNTRY CLUB DR MIAMI, FL 33180

DO NOT WRITE IN THIS SPACE

WIPAWI, FL 33100			IN THIS SPACE		
	ions of registered agent.	urpose of changing its registered office or	registered agent, or both, in	the State of Florida. I am familiar with, and accept	
5.5	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent signature)	re required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFICERS AND DIRECT D BLOOM, CYNTHIA 20281 E. COUNTRY CLUB DR. #1401 AVENTURA, FL 33180	TORS	1		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	OT WRITE	
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TITLE NAME STREET ADDRESS			· .	05/15/07-80151-019 150.00	

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:

CITY-ST-ZIP

MATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/67

305-937-2203

Davlime Phone #