001

2007 FOR PROFIT CORPORATION ANNUAL REPORT

(*) yes, Apr 27, 2007 08:00 A
to renew

FILED
Secretary of State

DOCUMENT # P99000081368

1. Entity Name
FOUR SQUARE 24TH STREET, INC.

Principal Place of Business	Mailing Address
3389 SHERIDAN STREET #174 HOLLYWOOD, FL 33021	3389 SHERIDAN STREET #174 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0948761
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLOSBERG, MINDY
3389 SHERIDAN STREET
#174
HOLLYWOOD, FL 33021

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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)

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	D
NAME	ELISEBERG, GARY
STREET ADDRESS	11640 SW 69 CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	SCHLOSBERG, MARTIN
STREET ADDRESS	4241 CASPER CT
CITY-ST-ZIP	HOLLYWOOD, FL 33021
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	

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05/11/07-80011-007 150.00

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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: MARTIN SCHLOSBERG 04-25-07 954-274-2199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #